

Case Number:	CM13-0049319		
Date Assigned:	12/27/2013	Date of Injury:	08/25/2011
Decision Date:	02/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of August 25, 2011. A utilization review determination dated October 22, 2013 recommends noncertification for "transforaminal epidural steroid injection at L5 - S1, S1 - S2, one-three sets, postinjection appointment." A progress report dated October 18, 2013 identifies ongoing low back pain with leg pain worse on the left than on the right. The pain in the legs includes the anterior thigh halfway down the shin. The note indicates that the patient has previously had pain radiating down the posterior thighs as well. He has not had any injections in the past and does his home exercise program which was instructed in physical therapy. Objective examination findings reveal reduced lumbar range of motion, neurologically intact in bilateral lower extremities, and negative straight leg raise. Diagnoses include right paracentral L5-S1 disc herniation, lumbosacral spondylosis, lumbar spinal stenosis without neurogenic claudication. The treatment plan requests bilateral transforaminal epidural injections L5-S1, S1-S2. An injection referral dated October 18, 2013 request 1-3 sets. A progress report dated November 27, 2013 indicates that the patient has subjective complaints of pain radiating into the right L5 distribution. Objective examination findings identify positive straight leg raise on the right side. An MRI report dated December 9, 2013 identifies a paracentral disc protrusion at L4-L5, if facing the right lateral recess and impinging upon the right descending L5 nerve root. No significant foraminal stenosis is identified at other levels.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Decision for bilateral transforaminal epidural steroid injection; L5-S1, S1-S2 one three sets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Page(s): 46.

Decision rationale: Regarding the request for transforaminal epidural injections, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are no recent objective examination findings supporting a diagnosis of radiculopathy at all of the proposed injection levels. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy at all of the levels currently requested. Additionally, guidelines do not support a series of injections. Unfortunately, there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested transforaminal epidural injections are not medically necessary.

Decision for Post injection appointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Epidural Steroid Injections..

Decision rationale: Regarding request for follow-up visit after injection, Occupational Medicine Practice Guidelines recommend regular follow-up. The requesting physician seems to be requesting a follow-up appointment to evaluate the outcome of the requested transforaminal epidural injections. Unfortunately, the burden of medical necessity for the requested injections has not been met (please see the above request). Therefore, a follow-up after the injections would not be necessary. As such, the currently requested follow-up appointment is not medically necessary.