

Case Number:	CM13-0060408		
Date Assigned:	12/30/2013	Date of Injury:	09/17/2002
Decision Date:	05/09/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. He/she 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 expert reviewer was selected based on his/her 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/she 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 45-year-old male who sustained a work related injury on 9/17/02. On the Progress Report dated from 8/15/13 to 10/23/13, the patient reports experiencing continued low back and leg pain; greater on the left side that is 8/10 on the 1 to 10 scale, muscle atrophy "that have been affected by sciatic nerve involvement" and is having difficulty sleeping. On physical examination he has tenderness to the lumbar paraspinal musculature. No documented (subjective or objective) neurological complaints or findings. There's no complaint of radiculopathy documented. On the Progress Report dated 11/26/13, the patient had undergone the requested Epidural Steroid Injection in which 80mg Triamcinolone was injected into the S1 neural foramen (per the Operative Report dated 11/07/13). This reduced his pain to 6/10 on the 1 to 10 pain scale with the patient reporting it 'is much better' and that he 'had a great response to LESI'. His current treatment regimen includes methadone 10mg, Norco 10/325mg for pain management, Baclofen 10 mg for muscle relaxation and Lunesta for sleep management.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL INJECTION UNDER FLUOROSCOPY AT RIGHT L5 AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 46.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. As there is neither the complaint of radicular symptoms, no documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies, I find the request for ESI medically unnecessary.