

Case Number:	CM13-0063996		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2007
Decision Date:	07/25/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient with a date of injury of 10/11/07. A utilization review determination dated 12/5/13 recommends non-certification of bilateral lumbar transforaminal epidural injection at L3-4, L4-5, L5-S1. MRI and EMG findings were noted to be unremarkable. 11/27/13 medical report identifies pain in lower parathoracic area more on left, left lumbar, left buttock, left lower extremity. On exam, there is tenderness over the buttock and SI joint with multiple positive provocative tests for SI joint, facet tenderness, limited ROM, 4+/5 strength left tibialis anterior, EHL, plantar flexors and dorsiflexors. Sensation decreased left L2 and vibratory decreased left L5 and S1. MRI was said to show evidence of degenerative disc disease with facet arthropathy at L4-5 and L5-S1 levels. ESI was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR TRANSFORAMINAL EPIDURAL INJECTION AT L3-L4, L4-L5, L5-S1 UNDER FULROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Regarding the request for BILATERAL LUMBAR TRANSFORAMINAL EPIDURAL INJECTION AT L3-L4, L4-L5, L5-S1, 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 radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, no more than two nerve root levels should be injected using transforaminal blocks. Within the documentation available for review, the imaging and electrodiagnostic studies do not corroborate the radiculopathy. Furthermore, the request exceeds the number of levels supported for transforaminal injections and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested BILATERAL LUMBAR TRANSFORAMINAL EPIDURAL INJECTION AT L3-L4, L4-L5, L5-S1 is not medically necessary.