

Case Number:	CM13-0066446		
Date Assigned:	02/19/2014	Date of Injury:	03/09/2012
Decision Date:	06/09/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 52 year old female with date of low back injury on 3/9/12. Diagnosis include degenerative disc disease, chronic low back and right lower extremity radiculopathy with correlating severe foraminal stenosis L5-S1. There is a request for 1 lumbar transforaminal epidural steroid injection; on the right. The records indicate the patient underwent a right L5 transforaminal injection under fluoroscopic guidance in October 2012, without significant relief lasting only one day. There is a 12/10/13 document which states that "On October 4, 2013, a physician indicated "she has had multiple sessions of physical therapy, anti-inflammatory and narcotic medications and one epidural steroid injection several months ago which was unfortunately minimally effective. She has denied any further epidural injections." Per this document the physical states that the patient should undergo the series of epidural steroid injections suggested by her treating practitioners. If these are not effective, she may be a candidate for lumbar surgery. Physical examination dated 11/13/13, noted that the patient had objective findings of lumbosacral paraspinal region right greater than left tenderness. to palpation. The patient also had restrictions in both flexion and extension, secondary to pain. Her neurological status was unchanged. It is noted in this report that the patient would like to try one more epidural injection before proceeding to the recommended decompression surgery in the L5 region. A lumbar MR1 scan report dated April 2, 2012 indicated an impression of "severe active degenerative disc disease or discitis at L2-3 as described above. There is multi-level degenerative disc disease causing moderately severe to severe foraminal narrowing at L5-S1. Focal far right posterior protrusion at L4-S as described above."

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION, RIGHT L5:

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): 45.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that if epidural steroid injections are used for diagnostic purposes a second block is not recommended if there is inadequate response to the first block. The MTUS guidelines also state for the therapeutic phase, repeat blocks 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. The documentation does not reveal an adequate and sustained response with functional improvement to the first epidural injection therefore another lumbar transforaminal epidural steroid injection right L5 would not be supported. The request for lumbar transforaminal epidural steroid injection, right L5 is not medically necessary and appropriate.