

Case Number:	CM13-0067746		
Date Assigned:	01/03/2014	Date of Injury:	01/26/1992
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 78-year-old male who reported a work-related injury on 01/26/1992. Per the recent clinical documentation for review, the patient complained of low back pain that he described as aching, annoying and burning. It was noted that the patient remained symptomatic despite both conservative management and multiple surgeries. The patient's right leg was numb over the right anterior thigh, and he reported numbness and tingling in the rest of his leg. An MRI of the lumbar spine dated 11/13/2013 revealed moderate and mild left neural foraminal stenosis at L1-2, bilateral mild neural foraminal stenosis at L3-4 and severe right neural foraminal stenosis at L4-5 and L5-S1. A request has been made for a transforaminal epidural steroid injection at the right side L3-4, L4-5 and L5-S1 under fluoroscopy and anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE RIGHT SIDE L3-L4, L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The clinical note dated 05/16/2013 stated that the patient had a lumbar epidural steroid injection in January, but reported that it did not help that much, and he was not interested in another epidural steroid injection at that time. It was noted per the clinical note dated 11/21/2013 that the patient would likely benefit from a transforaminal lumbar epidural steroid injection at L3-4, L4-5 and L5-S1 on the right side since this was where he was symptomatic with loss of sensation and weakness of the right lower extremity following the L3-4-5 dermatome on the right side. The California MTUS Chronic Pain Medical Treatment Guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, to include at least 50% pain relief with an associated reduction in medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. The patient had reported that his prior lumbar epidural steroid injection did not help that much. Therefore, a repeat block would not meet guideline recommendations. In addition, guidelines state that no more than 2 nerve root levels should be injected using transforaminal blocks, and the request was noted to include 3 nerve root levels. Therefore, the requested levels exceed the guideline recommendations. Given the above, the request for a transforaminal epidural steroid injection at the right side L3-4, L4-5 and L5-S1 under fluoroscopy and analgesia is non-certified.