

Case Number:	CM14-0002961		
Date Assigned:	01/24/2014	Date of Injury:	05/08/2013
Decision Date:	06/09/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 Occupational Medicine 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:

The patient has filed a claim for lumbar sprain associated with an industrial injury of May 08, 2013. Thus far, the patient has been treated with NSAIDs, gabapentin, home exercise program, heat, and transforaminal lumbar epidural steroid injections, which provided little relief. Review of progress notes reports chronic lumbar back pain with left lower extremity radiculopathy. Findings include tenderness of the lumbar area with slight weakness of the left extensor hallucis longus, mildly decreased sensation along the left lateral thigh, decreased left ankle reflex, and an antalgic gait. Lumbar MRI performed on May 23, 2013 showed small central annular bulges at T11-12 and T12-L1 without definite protrusion; small midline annular tear at L1-2; and small left lateral annular tear and protrusion at L4-5 with associated mild left foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LEFT LUMBAR TRANSLAMINAR EPIDURAL INJECTION AT LEVELS L4-5 UNDER FLUOROSCOPIC GUIDANCE WITH ANESTHESIA #2: 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 Page(s): 46.

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, patient received three previous lumbar epidural steroid injections previously, which did not provide significant pain relief. There is not enough support for another injection as this therapeutic modality was not effective in this patient. Therefore, the request for left lumbar translaminar epidural injection at L4-5 was not medically necessary per the guideline recommendations of CA MTUS.