

Case Number:	CM14-0005251		
Date Assigned:	01/24/2014	Date of Injury:	02/16/2011
Decision Date:	06/09/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 40 year old male who reported an injury on 02/16/2011 secondary to unknown mechanism of injury. The diagnoses included lumbar spine pain, degenerative disc disease, disc bulge and radiculopathy with spondylolisthesis. The injured worker was evaluated on 12/02/2013 for reports of return of back pain. The exam noted the injured worker had undergone a L5 injection in May with good relief of symptoms and a positive straight leg raise. The treatment plan included possible repeat of bilateral L5 transforaminal injection. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5 TRANSFORAMINIAL /CAUDAL EPIDURAL STEROID INJECTION X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The request for bilateral L5 transforaminal /caudal epidural steroid injection x2 is not medically necessary. The California MTUS Guidelines recommend ESI is to

reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. A second block is not recommended if there is inadequate response to the first block. In 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. There is a lack of substantial objective findings to indicate radiculopathy is present. There is a lack of objective evidence of pain and functional improvement with the last injection. Therefore, based on the documentation provided, the request is not medically necessary.

NEEDLE LOCALIZATION BY X-RAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The request for needle localization by x-ray is not medically necessary. The California MTUS Guidelines recommend that injections be performed using fluoroscopy (live x-ray) for guidance. However, the request for the epidural steroid injection is non-certified, therefore, this request is likewise not medically necessary.