

Case Number:	CM14-0008811		
Date Assigned:	02/12/2014	Date of Injury:	11/10/2008
Decision Date:	07/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 36-year-old male who has submitted a claim for chronic low back pain, lumbar radiculopathy, and depression and anxiety associated with chronic pain, status post L3-S1 anterior lumbar interbody fusion (05/19/2012); associated with an industrial injury date of 11/10/2008. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain, graded 7-8/10, radiating to the bilateral lower extremities. Patient reports 5 fall episodes due to his legs giving out. Physical examination showed tenderness to the lumbar paraspinal muscles with spasms, and to the gluteal muscles bilaterally. Range of motion of the lumbar spine was severely limited in all planes. Straight leg raise test was negative bilaterally. DTRs (Deep Tendon Reflexes) and motor testing were normal. Pinprick sensation was decreased over the medial and lateral aspects of the right thigh. MRI of the lumbar spine, dated 03/22/2012, showed no foraminal compromise or neural compression. Official report was not provided. Treatment to date has included medications, physical therapy, aquatic therapy, lumbar brace, L3 selective nerve block, and spinal surgery as stated above. Utilization review, dated 01/14/2014, denied the request for right S1 TFESI. (Transforaminal Epidural Steroid Injection) Reasons for denial were not provided. An appeal letter, dated 01/06/2014, stated that ESI will help alleviate the low back pain and lower extremity radicular pain, and may enable patient to decrease medication intake and allow patient to be more functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESIs (Epidural Steroid Injection).

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient complains of back pain accompanied by radicular symptoms despite medications, physical therapy, and surgery. The patient has had one previous ESI for 2 years ago noting minimal benefit, as stated on a progress report dated 02/07/2013. However, physical examination showed a negative straight leg raise test and hypoesthesia over the right medial and lateral thigh. Moreover, MRI of the lumbar spine, dated 03/22/2012, showed no foraminal compromise or neural compression. Lastly, there was no discussion regarding percent pain relief, reduction of medication intake, or functional improvement from previous ESI. Therefore, the request for 1 Right S1 Transforaminal Epidural Steroid Injection, is not medically necessary.