

Case Number:	CM14-0102285		
Date Assigned:	07/30/2014	Date of Injury:	09/25/1992
Decision Date:	09/18/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/02/2014

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 Neurology, has a subspecialty in Pain Medicine 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:

An MRI of the lumbar spine from 02/03/12 indicated progressive L3-L4 spondylosis along with facet arthritis enlargement causing moderate spinal canal stenosis. There was right greater than left L3-L4 neural foraminal narrowing with stable L4-L5 spondylosis and moderate bilateral L4-L5 neural foraminal narrowing. A July 10, 2013, medical evaluation reports that the insured had had 3/4 epidural injections as successful. There was an epidural steroid injection May 22, 2010, transforaminal epidural steroid injection on May 15, 2010. The insured was not able to indicate the duration of relief from the procedures. There is a procedure dated 10/10/13 which was a right L5-S1 transforaminal epidural steroid injection. A note dated 11/27/13 indicated handwritten note of follow-up reporting complaints of increasing low back pain and numbness in the right leg. Examination indicated decreased sensation in L5-S1 with an assessment of low back pain, radiculopathy. A note from 12/10/13 indicates complaints of pain improvement with radicular low back pain. Range of motion reportedly improved. Motor was within normal limits and the DTRs were symmetric and the assessment was low back pain. A note from 02/19/14 indicated the patient having low back pain and radicular pain. The insured reports having to take more pain medications due to pain. Examination indicated low back tenderness with decreased range of motion and decreased sensation at L5-S1 with an assessment of radiculopathy. A note dated June 26, 2014, indicated evaluation. The insured was reported to have undergone a lumbar transforaminal epidural steroid injection recently with reported more than 70% of usual pain relief with improvement of sleep, physical activities and range of motion. He is recommended that as a candidate for repeat injection. Physical examination had a positive straight leg raise and decreased L5-S1 dermatomal distribution on the right. A note dated July 21, 2014, notes ongoing back pain with physical exam indicating guarding and positive straight leg raise. There was mild right sciatic hypesthesia extending to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Transforaminal Epidural Injection at right L5-S1 level under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, epidural injections.

Decision rationale: The medical records report improvement in radicular pain with ESI (epidural steroid injection), but does not document quantitative specific duration of improvement with previous ESI and as such does not support repeat injection under ODG guidelines. The note of 2/19/14 after the injection notes functional improvement with no indication of degree of pain improvement. It is not until 6/26/2014 note that the degree of pain relief (70%) is reported, but there is no duration specified. Therefore, the request is not medically necessary.