

Case Number:	CM14-0103454		
Date Assigned:	07/30/2014	Date of Injury:	01/18/1993
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/03/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 1/18/93. A utilization review determination dated 6/24/14 recommends non-certification of right lumbar transf L5-S1 x 3. 6/18/14 medical report identifies that the patient has tried epidural steroids in the past. There is lumbar pain with numbness, weakness, and tremors. On exam, there is positive SLR bilaterally; unquantified diminished strength in both lower extremities without notation of any specific myotomes, a series of 3 right transforaminal ESIs at L5 and S1 was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transf L5-S1(anesthesia, x-rays and fluoroscopic guidance) x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections Page(s): 45-46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for right lumbar transforaminal ESI L5 and S1 x 3, Chronic Pain Medical Treatment Guidelines state, that Epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative physical exam and imaging and/or electrodiagnostic study findings of

radiculopathy. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. They also note that a series of 3 injections is not supported. Within the documentation available for review, the patient was noted to have undergone ESI in the past, but there is no documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for at least six weeks. Furthermore, the patient's current findings do not clearly identify radiculopathy in any specific nerve root distributions. Finally, a series of three injections is not supported and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested right lumbar transforaminal ESI L5 and S1 x 3 is not medically necessary.