

Case Number:	CM14-0104079		
Date Assigned:	07/30/2014	Date of Injury:	10/09/2010
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 48-year-old male who reported an injury on 10/09/2010. The mechanism of injury was not provided for clinical review. The diagnosis includes lumbar sprain/strain. The previous treatments included medication, an MRI, epidural steroid injections, and chiropractic sessions. Within the clinical note dated 05/12/2014, it was reported the injured worker complained of occasional low back pain. He reported some stiffness. The injured worker complained of occasional left-sided leg pain greater than right-sided leg pain. He reported the pain radiates down to his lateral calf. The injured worker reported having chiropractic sessions which helps. On physical examination, the provider noted tenderness to palpation of the left posterior buttock area with some paraspinal muscle spasms. The injured worker has 5/5 strength in the bilateral lower extremities in all muscle groups except for his tibialis anterior and EHL are 4 bilaterally. The injured worker had a mildly positive straight leg raise bilaterally. Sensation was noted to be intact to light touch. The provider requested for L3-4, and L4-5 transforaminal epidural steroid injection for relief of pain. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 transforaminal epidural steroid injection (TFESI) under fluroscopy: Upheld

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

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

Decision rationale: The request for left L4-5 transforaminal epidural steroid injection (TFESI) under fluoroscopy is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDS and muscle relaxants. The guidelines recommend if epidural steroid injections are to be used for diagnostic purposes; a maximum of 2 injections should be performed. A second block is not recommended if there inadequate response to the first block. There is lack of the official MRI to corroborate with the diagnosis of radiculopathy. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDS and muscle relaxants. The provider documented the injured worker had previously undergone an epidural steroid injection; however, there is lack of documentation that the injured worker had at least 50% pain relief associated with the reduction of medication use for 6 to 8 weeks. There is lack of documentation of the efficacy with previous injection. There is lack of documentation of significant functional improvement with the previous injection. Therefore, the request is not medically necessary.

Right L3-4 epidural steroid injection (ESI) under fluroscopy: Upheld

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

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

Decision rationale: The request for an L3-4 epidural steroid injection (ESI) under fluoroscopy is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDS and muscle relaxants. The guidelines recommend if epidural steroid injections are to be used for diagnostic purposes; a maximum of 2 injections should be performed. A second block is not recommended if there inadequate response to the first block. There is lack of the official MRI to corroborate with the diagnosis of radiculopathy. There is lack of documentation indicating the injured worker had been unresponsive to conservative treatment, including exercise, physical methods, NSAIDS and muscle relaxants. The provider documented the injured worker had previously undergone an epidural steroid injection; however, there is lack of documentation that the injured worker had at least 50% pain relief associated with the reduction of medication use for 6 to 8 weeks. There is lack of documentation of the

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