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| Case Number: | CM14-0104723 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/29/2003 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 06/30/2014 |
| 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 & Rehabilitation, and is licensed to practice in Illinois. 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 38 year-old male who reported a work related injury on 09/29/2013. The mechanism of injury was not provided. The diagnoses consist of lumbar radiculopathy, sciatica, spinal stenosis with neurogenic claudication, lumbar degenerative disc disease, and spinal stenosis without neurogenic claudication. The injured worker has received medication, a caudal epidural injection with fluoroscopic guidance to the spine and SI joint, mechanical traction, epidural steroid injections, and chiropractic care. The diagnostic testing has included an MRI of the lumbar spine. Upon examination on 06/17/2014, the injured worker complained of aching and electrical low back pain with increasing symptoms. The pain severity was stated to be moderate and moderately limited daily activities. Upon palpation of the lumbar spine it was noted that the injured worker had tenderness to the paraspinals bilaterally and range of motion was within normal limits. The injured worker rated pain as 4 out of 10 on the VAS pain scale. Sensation was intact overall to light touch. An examination on 07/28/2014 revealed changes in the patient's complaints. The injured worker later rated his pain as 5 out of 10 and stated symptoms are relieved with rest, medication, ice, and stretching. It is also noted that the symptom are exacerbated with all physical activities and radiates into both lower extremities. The objective findings were decreased range of motion, decreased sensation to L4 and L3 dermatome bilaterally. His medications included Valium, Benazepril, Nexium, Simvastin, Neurontin, and Hydrocodone. The treatment plan was transforaminal epidural steroid injection to help with leg pain and as an epidural steroid injection had previously helped with the pain in November of 2013. The request for authorization form was submitted on 06/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection L3-4: Upheld

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

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

Decision rationale: The request for Transforaminal Epidural Steroid Injection L3-4 is not medically necessary. According to the California MTUS Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain, to restore range of motion and facilitate progress in more active treatment programs, and 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 after previous injection. It was noted in the documentation that the injured worker previously had an epidural steroid injection in November 2013. However, the outcome of the prior epidural steroid injection was not clearly specified with at least 50% pain relief, reduction of medication use, and functional improvement for at least 6-8 weeks. As such, the request is not medically necessary.