

Case Number:	CM14-0108770		
Date Assigned:	08/01/2014	Date of Injury:	05/19/2011
Decision Date:	09/12/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Surgery 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 59-year-old male who reported an injury on 05/09/2011. The mechanism of injury was a slip and fall. The diagnoses included lumbago, lumbosacral spondylosis without myelopathy, and spinal stenosis of lumbar region. The previous treatments included epidural steroid injection on 08/30/2012 and medication. The diagnostic testing included EMG/NCV and an MRI. Within the clinical note dated 05/14/2014, it was reported the injured worker complained of low back pain. He complained of left thigh pain and left toe numbness. The injured worker rated his pain 8/10 in severity and radiated to his left thigh and feet. He described the pain as a sharp pain. Upon the physical examination, the provider noted the injured worker to have bilateral lower extremity strength of 5/5. Left S1 distribution of pain down posterior thigh. The injured worker had 2+ patellar reflexes bilaterally. The provider requested a peer to peer (P2P) left L4-5, L5-S1 transforaminal epidural injection with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P Left L4-L5, L5-S1 Transforaminal Epidural Steroid Injection with Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for peer-to-peer (P2P) left L4-5, L5-S1 transforaminal steroid injection with sedation is non-certified. The California MTUS Guidelines recommend "epidural steroid injections as an option for treatment of radicular pain as defined 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 and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, NSAIDs, and muscle relaxants." The guidelines recommend if epidural steroid injections are used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there is inadequate response to the first block. There is lack of documentation indicating failure of conservative care, exercise, physical methods, NSAIDs, and muscle relaxants. The injured worker previously had undergone an epidural steroid injection which was not documented to have at least 50% pain relief associated with the reduction of medication use for 6 to 8 weeks. There is lack of documentation indicating functional improvement from previous epidural steroid injections. Therefore, the request is not medically necessary.