

Case Number:	CM14-0010869		
Date Assigned:	02/21/2014	Date of Injury:	10/21/2009
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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 claimant injured his low back on 10/26/09 and has diagnoses of lumbar radiculitis, spondylosis, and radiculopathy. On 10/30/13, he underwent right-sided L4-L5 and L5-S1 transforaminal epidural injections. He had failed PT, home exercises, anti-inflammatories, muscle relaxants, and chiropractic treatment. On 01/21/14, a right lumbar transforaminal ESI at level L4-5 was denied. Fluoroscopic guidance and anesthesia have been recommended. There was no other clinical information submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT LUMBAR TRANSFORAMINAL EPIDURAL L4-L5: 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 Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines states "ESI may be recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging

studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants.3) Injections should be performed using fluoroscopy (live x-ray) for guidance.... 7) In the therapeutic phase, 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." There is no documentation of the claimant's response to the previous ESI at this level, including degree of symptoms relief and duration, or his current symptoms and findings. No ongoing or recurrent focal neurologic deficits consistent with radiculopathy have been documented. It is not clear whether the claimant has exhausted all other reasonable treatment for his symptoms or whether he has been involved in an ongoing rehab program in conjunction with injection therapy. The medical necessity of this request has not been clearly demonstrated. The request is therefore not medically necessary and appropriate.

ONE FLUOROSCOPIC GUIDANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS, 79

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ANESTHESIA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , EPIDURAL STEROID INJECTIONS, 79

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.