

Case Number:	CM14-0011196		
Date Assigned:	02/28/2014	Date of Injury:	05/08/2011
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/28/2014

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 patient is a 49-year-old female who has submitted a claim for Disc Syndrome, Thoracic/Lumbar, associated with an industrial injury date of May 8, 2011. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of constant mild to moderate burning low back pain and stiffness, rated 4-6/10, radiating to the right lower extremity. On physical examination, gait was normal. There was tenderness of the left lumbar paraspinal muscles. Lumbar range of motion was limited in all planes. Straight leg raise test was positive on the left. No sensory deficits were noted. MRI of the lumbar spine, dated September 11, 2013, revealed a left-sided disk protrusion noted at the L5-S1 level which appear to encroach upon the descending left S1 nerve root. The treatment to date has included medications, physical therapy, home exercise program, TENS unit, and bilateral L5 transforaminal epidural steroid injection (October 21, 2013). Utilization review from January 8, 2014 denied the request for bilateral L5 transforaminal epidural steroid injection with anesthesia and fluoroscopic guidance. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5 TRANSFORMINAL EPIDURAL STEROID INJECTION USING FLUOROSCOPIC GUIDANCE WITH ANESTHESIA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46.

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

Decision rationale: According to page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and unresponsiveness to conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In this case, an appeal dated December 27, 2013 noted that the patient previously received bilateral L5 transforaminal epidural steroid injection, which provided 40% relief on the left side and 100% relief on the right side for about five weeks. This does not satisfy the criteria for repeat injections as stated above. In addition, there was no discussion regarding failure of conservative management. There is no clear rationale for a repeat lumbar epidural steroid injection; therefore, the request for bilateral L5 tranforminal epidural steroid injection using fluoroscopic guidance with anesthesia is not medically necessary.