

Case Number:	CM14-0012235		
Date Assigned:	02/21/2014	Date of Injury:	05/13/2009
Decision Date:	08/07/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/30/2014

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:

This is a 48-year-old male patient with a 5/13/09 date of injury. 12/19/13 progress report indicates persistent low back pain, weakness in the left leg. Physical exam demonstrates lumbar tenderness, limited lumbar range of motion, negative straight leg raise test bilaterally, non--dermatomal sensory loss in the lower extremities, symmetric deep tendon reflexes. 1/18/13 lumbar MRI demonstrates, at L5-S1, a 3.5-mm left subarticular disk protrusion, resulting in moderate left lateral recess stenosis and left neural foraminal narrowing. 4/29/13 lumbar MRI demonstrates, at L5-S1, prostatic nucleus pulposus. Treatment to date has included right the care, TENS unit, lumbar epidural steroid injections x 3, lumbar fusion with redo in 2012, hardware removal in 2013. There is documentation of a previous 1/7/14 adverse determination for lack of clinical focal radiculopathy and corroborating imaging findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 and left S1 transforaminal epidural steroid injection times two (2): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and 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. However, the patient's objective functional response to previous injection was not adequately assessed in terms of quantity and duration of pain relief, increase in functional capacity, and decrease in medication consumption. In addition, the most recent physical exam findings were non-specific to a nerve root level. Sensory disturbances were noted in a non-dermatomal pattern. Therefore, the request for LEFT L5-S1 AND LEFT S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION TIMES TWO (2) was not medically necessary.