

Case Number:	CM14-0012836		
Date Assigned:	02/24/2014	Date of Injury:	11/13/1998
Decision Date:	06/26/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Texas. 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 Physician 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 54-year-old male who sustained an injury to his low back on 11/13/98 due to a fall. MRI of the lumbar spine revealed minimal anterolisthesis of L5 relative to S1, questionable spondylosis on the right side at this level and small ventral right-sided disc protrusion resulting in mild to moderate canal, moderate right and mild to moderate left-sided foraminal stenosis at L5-S1; mild to moderate bilateral foraminal stenosis at L3-4; mild canal and bilateral foraminal stenosis at L2-3 and L4-5; otherwise, negative MRI scan of the lumbar spine. Physical examination noted tenderness to palpation in the lumbar paraspinals; low back pain at 10/10 visual analog scale (VAS); decreased bilateral L45 and L5-S1 dermatomes; 5-/5 strength in the bilateral lower extremities; positive straight leg raise bilaterally at 60° causing pain in the low back; gait mildly antalgic.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI) AT L4 AND S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS (ESIS), 46

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

Decision rationale: The request for bilateral transforaminal epidural steroid injection (ESI) at L4-5 and L5-S1 is not medically necessary. The previous request was denied on the basis that there was no documentation stating how much pain relief previous injections provided. The California MTUS indicates that 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. Given the clinical documentation submitted for review, medical necessity of the request for bilateral transforaminal epidural steroid injection (ESI) at L4-5 and L5-S1 has not been established.