MAXIMUS Federal Services

Case Number:	CM14-0013312		
Date Assigned:	02/26/2014	Date of Injury:	11/06/2006
Decision Date:	06/27/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation 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 54-year-old male who reported an injury on 11/06/2006. The mechanism of injury was reported while lifting boxes. Within the clinical note dated 03/11/2014, the injured worker complained of having significant pain. He reported doing well for several months after the bilateral L4, L5 transforaminal epidural steroid injection and bilateral L4-5 and L5-S1 facet injection done on 06/27/2012. The injured worker complained the pain is now worse. The physician indicated lumbar range of motion limited to flexion and extension with pain. The provider noted a straight leg raise test positive on the right, localizing to low back pain and moderate right leg pain with decreased sensation mildly over the left L5 and S1 bilaterally, L4-5 and L5-S1 facet joints. The left shoulder noted no pain to pressure anteriorly and laterally. The injured worker had diagnoses of low back pain with lumbosacral radiculopathy, lumbar facet arthropathy, and myofascial pain. The provider noted the injured worker to have been given good and consistent benefit from the previous epidural steroid injection. The MRI dated 10/29/2007 reported the injured worker to have L5-S1 minimal retrolisthesis. There is a 4 mm to 5 mm broad based central left paracentral disc protrusion associated with an annular tear, which appeared to be the traversing left S1 nerve root. The provider requested a bilateral L4 and L5 transforaminal epidural steroid injection. However, the rationale was not provided for review within the documentation. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4 AND L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: EPIDURAL STEROID INJECTIONS , ,

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

Decision rationale: The request for bilateral L4 and L5 transforaminal epidural steroid injection is not medically necessary. The injured worker complained of having significant pain. The injured worker underwent a bilateral L4 and L5 transforaminal epidural steroid injection and a bilateral L4-5 and L5-S1 facet injection on 06/27/2012. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented per physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially, the injured worker is to be unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. Injections should be performed using fluoroscopy for guidance. If 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. Diagnostic blocks should be at intervals for at least 1 to 2 weeks between injections. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief with the associated reduction of medication use for 6 to 8 weeks, with general recommendation of no more than 4 blocks per year. There was lack of documentation indicating the injured worker to have been unresponsive to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. There was lack of documentation indicating the injured worker to have had at least a 50% pain relief with associated reduction of medication use for 6 to 8 weeks from previous injection. There was lack of documentation indicating a functional improvement from the previous injection. Additionally, the provider documented the injured worker to have a positive straight leg raise; however, the MRI report from 10/29/2007 does not corroborate the diagnosis. Therefore, the request for bilateral L4 and L5 transforaminal epidural steroid injection is not medically necessary.