

Case Number:	CM14-0013583		
Date Assigned:	02/26/2014	Date of Injury:	06/04/2013
Decision Date:	07/28/2014	UR Denial Date:	01/24/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 36-year-old male who has submitted a claim for left L4 radiculopathy and lumbar disc herniations with left foraminal narrowing L2-L3 and L3-L4 associated with an industrial injury date of June 4, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of persistent lower back pain with radiation and burning sensation to the left leg. Physical examination showed bilateral lumbar paraspinal tenderness, restricted ROM, and reduced sensation to the left L4 dermatomes. MRI of the lumbar spine from June 18, 2013 showed L3-4: a broad-based disc osteophyte complex greater in AP diameter in the left neural foramen and far lateral area, measuring a maximal of 5mm in AP diameter. There is mild to moderate central canal narrowing. There is moderate left neural foraminal narrowing. Treatment to date has included NSAIDs, opioids, muscle relaxants, home exercise programs, physical therapy, and left translaminar epidural injection L3-4 (1/13/14). Utilization review from January 24, 2014 denied the request for left translaminar epidural injection L3-4 due to lack of benefit from initial injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TRANSLAMINAR EPIDURAL INJECTION L3-4: 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 Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: According to page 46 of the CA 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, the patient complained of persistent lower back pain with radiation and burning sensation to the left leg. MRI of the lumbar spine from June 18, 2013 showed L3-4: a broad-based disc osteophyte complex greater in AP diameter in the left neural foramen and far lateral area, measuring a maximal of 5mm in AP diameter. There is mild to moderate central canal narrowing. There is moderate left neural foraminal narrowing. Initial left translaminar epidural injection at L3-L4 was done last January 3, 2014. The request is for a therapeutic block. However, there was no significant benefit from the initial injection, and pain relief lasted only for a day. Therefore, the request for left translaminar epidural injection L3-4 is not medically necessary.