

Case Number:	CM14-0016468		
Date Assigned:	04/11/2014	Date of Injury:	08/01/2012
Decision Date:	05/29/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 was injured on 08/01/2012. He sustained an injury to his low back while driving a company vehicle when he drove over a rut and had the onset of back pain after bouncing on the seat several times. The patient underwent low back discectomy 15 years ago. Diagnostic studies reviewed include MRI which shows a multi-level degenerative disc disease, greatest at L5-S1 with mild foraminal stenosis at L4-5 and mild to moderate foraminal stenosis at L5-S1. Initial Specialist Consultation dated 01/06/2014 states the patient reports increased pain in the right leg. On exam, he is unable to heel/toe walk on the right. He has a well-healed midline surgical scar to his lumbar spine. He has diffuse lumbar paraspinal muscles tenderness. There is decreased sensation to the L5 dermatome on the right. He has 4/5 muscle strength in the big toe extensor; Reflexes are 2+ at the knees and 1+ at the ankles. Treatment and recommendations include a right L5-S1 transforaminal epidural steroid injection times two. The patient is status post lumbar laminectomy. The patient has radicular symptoms on physical examination, neural foraminal stenosis on MRI, and the patient has failed conservative treatment consistent of physical therapy, chiropractic care, medication, rest and a home exercise program. He is instructed to continue his present medication. On 02/10/2014, the patient is recommended a right L5-S1 transforaminal epidural steroid injections times 1 with [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION TIMES 2:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: The CA MTUS states epidural injection is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The guidelines state 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. The medical records include the 2/10/2014 operative report, which documents the patient underwent a right L5-S1 transforaminal epidural injection procedure. The patient's response to the recent procedure has not been documented in the records provided. According to the guidelines, research has now shown that, on average, less than two injections are required for a successful ESI outcome, and current recommendations suggest a second epidural injection is only considered if partial success is produced with the first injection. As per the guidelines, repeat procedure should be based on continued objective documented pain and functional improvement. The medical necessity of the request has not been established. Therefore, the request for right L5-S1 transforaminal epidural steroid injection times 2 is not medically necessary and appropriate.