

Case Number:	CM14-0016515		
Date Assigned:	04/11/2014	Date of Injury:	09/15/2008
Decision Date:	08/13/2014	UR Denial Date:	01/17/2014
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 Physical Medicine and Rehabilitation 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 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 59 year old male who was injured on 09/15/2008. His mechanism of injury has not been documented. He has been treated conservatively with injections in the past which has provided him with benefit. Progress report dated 01/09/2014 indicates the patient presented for follow of left lower extremity tingling and tightness in his testicles. On exam, he has tenderness in the hip area and muscle tenderness only on the right in the paraspinal muscles. He has full range of motion without pain with no instability. His sensation is normal in the right lower extremity but on the on the left, hypoesthesia in a S1 distribution, 50% of normal. Deep tendon reflexes on the right is absent and on the left is 1+. Ankle reflex on the right is normal and on the left is absent. He is diagnosed with lumbosacral spondylosis, lumbar degenerative disc disease, and lumbar radiculopathy. He has been recommended to begin a home exercise program, continue medications, a repeat injection as his left-sided radicular pain has returned. Prior utilization review dated 01/17/2014 states the request for 1 transforaminal epidural steroid injection at left S1-2 is not certified as there is no documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANSFORAMINAL EPIDURAL STEROID INJECTION AT LEFT S1-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Epidural Steroid Injections (ESIs), therapeutic.

Decision rationale: According to the CA MTUS guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines also 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. It appears the patient has been treated with periodic epidural steroid injections for several years. Although the patient reported prior injections provided relief. The medical records do not provide any clear objective evidence of functional improvement and quantifiable improvement in pain level with the prior injections. The medical records do not document measurable evidence of efficacy with previous injections. Furthermore, the medical records do not detail any non-invasive measures utilized prior to requesting additional injections, such as medication management, exercise/physical therapy, HEP, passive modalities, and activity modification. Failure of conservative care has not been established. Based on the clinical presentation provided, the request for 1 transforaminal epidural steroid injection at left S1-2 is not established as medically necessary.