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| Case Number: | CM14-0111996 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 03/01/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/18/2014 |

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/1/12. A utilization review determination dated 7/1/14 recommends non-certification of lumbar transforaminal ESI right L3-4 and L4-5. Multiple prior ESIs have been performed. It referenced a 6/18/14 medical report identifying low back pain with radiation posteriorly down the legs. Previous ESI on 7/16/13 was said to give 70% relief for 3 months. On exam, there was positive right leg SLR and limited ROM with posterolateral right leg hypesthesia and hip and knee flexion 4+/5. An ESI was requested. 5/12/14 medical report identifies pain 6/10 from the lumbar spine to the posterolateral legs right more than left. On exam, there is tenderness and tightness across the lumbosacral area with limited ROM and positive right SLR. There was hypoesthesia and dysesthesia of the right posterolateral leg with hyporeactive right ankle reflex 1- compared to 1+ on the left, as well as 1- on the right patella with 2 on the left. Knee flexion and hip flexion are 4+/5 due to pain. Aqua therapy was recommended. 8/28/13 medical report identifies pain is unchanged and still 8-9/10 at all times. Left leg pain had been resolved prior to the 7/16/13 right L4-5 transforaminal ESI, but it has begun to resume in the past week. 8/2/13 medical report identifies improved pain in the right leg with low back pain unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection Right L3-4 and L4-5: 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 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar Transforaminal Epidural Steroid Injection Right L3-4 and L4-5, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the previous ESI was said to provide 70% pain relief for 3 months, but medical reports from that time period do not appear to support the amount of relief and duration mentioned. Furthermore, there was no documentation of any functional improvement and reduction of pain medication. In light of the above issues, the currently requested Lumbar Transforaminal Epidural Steroid Injection Right L3-4 and L4-5 is not medically necessary.