

Case Number:	CM14-0114325		
Date Assigned:	08/04/2014	Date of Injury:	12/01/1997
Decision Date:	09/25/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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 is a 60-year-old female who has submitted a claim for degeneration of lumbar or lumbosacral intervertebral disc associated with an industrial injury date of December 1, 1997. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of severe low back pain and bilateral bursa pain with radiculopathy into bilateral lower extremities following the L3-L4 dermatomes. On examination, there was a well-healed lumbar scar that was non-tender. Lumbar flexion was limited to 45 degrees due to moderate low back pain. Extension was limited to only 15 degrees due to facet loading pain. Palpation of the lumbar facet also elicited tenderness. Straight leg raise was positive bilaterally at 30 degrees. Patrick's test was negative bilaterally. The greater trochanteric bursas were also tender bilaterally. Motor testing was 4/5 in bilateral lower extremities, particularly with bilateral leg extension. Sensory perception was decreased to soft touch in bilateral lower extremities. Treatment to date has included medications, physical therapy, home exercises and an epidural injection (7/22/2013). The epidural injection was noted to have provided the greatest relief. Utilization review from June 25, 2014 denied the request for 1 left L3/4 Transforaminal Epidural Steroid injection, under fluoroscopy, as an outpatient because the patient did not have clear physical examination findings or available evidence to correlate with a radiculopathy at a particular nerve root level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left 13/4 Transforaminal Epidural Steroid injection, under fluoroscopy, as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections Page(s): 46.

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

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, the patient underwent ESI on July 22, 2013. However, there was no progress notes provided for the weeks that came after the ESI to document whether there was at least 50% pain relief with associated reduction of medication use for six to eight weeks. The lack of documentation does not permit justification for the use of a repeat ESI. Therefore, the request for 1 left 13/4 Transforaminal Epidural Steroid injection, under fluoroscopy, as an outpatient is not medically necessary.