

Case Number:	CM14-0132718		
Date Assigned:	08/22/2014	Date of Injury:	02/22/2010
Decision Date:	09/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/19/2014

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 & 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 male patient with a date of injury of February 22, 2010. A utilization review determination dated July 31, 2014, recommends non-certification of a bilateral transforaminal lumbar epidural steroid injection, lumbar epidurogram, IV sedation, and fluoroscopy. A progress note dated July 16, 2014, identifies subjective complaints of low back and neck pain that have been present since the patient's injury. The pain is constant and worsens with activity, such as walking greater than 10 minutes. In addition, the pain is improved with pain medications, using a TENs unit, and using gel packs. The patient reports to feel numbness and tingling in both arms and fingers, and he uses a cane to ambulate long distances. Physical examination of the lumbar spine identifies tenderness of the spinous processes and lumbar paraspinal muscles, flexion was limited to 30, extension was 5 and painful, lateral tilt was limited by 50% to the right and 35% to the left. Deep tendon reflexes in both knees and ankles were 2+ and symmetrical, sensory examination was difficult to assess because of an area with previous infection scarring in the right leg, and there was decreased strength with bilateral ankle dorsiflexion. Diagnoses include lumbar disc herniation and radiculitis, rule out cervical disc herniation and radiculitis. The treatment plan recommends a transforaminal epidural steroid injection; a request for authorization for an MRI of the cervical spine; discontinue Norco and are replaced with Buprenorphine to be used on a as needed basis; a prescription for Relafen; a prescription for Protonix; a prescription for Norflex; a prescription for Gabapentin; and consideration for potential candidacy for a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal LESI, lumbar epidurogram, IV sedation, fluoroscopy: Upheld

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

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, Epidural steroid injections, diagnostic.

Decision rationale: 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, the request did not specify the levels for the bilateral transforaminal LESI. In the absence of such documentation, the currently requested bilateral transforaminal LESI, lumbar epidurogram, IV sedation, and fluoroscopy is not medically necessary.