

Case Number:	CM14-0134401		
Date Assigned:	08/27/2014	Date of Injury:	07/24/2006
Decision Date:	10/03/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/20/2014

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:

The injured worker is a 47-year-old male who reported an injury due to continuous trauma on 07/24/2006. On 06/05/2014, his diagnoses included intervertebral disc disease at L2-3, L3-4, and L5-S1, with listhesis at L3-4 and central and foraminal stenosis, and morbid obesity. His complaints included low back pain and right lower extremity radicular pain. A recent exacerbation of his pain radiating down his right leg to the heel was noted. He was being evaluated for a repeat right L5-S1 laminectomy and partial facetectomy for nerve root decompression with implantation of an intraspinous fixation device. The treatment plan included a recommendation for a possible epidural steroid injection in the future. There was no rationale or request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection: 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..

Decision rationale: The request for Transforaminal Epidural Steroid Injection is not medically necessary. The California MTUS Guidelines recommend that epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 weeks and 6 weeks following the injection, but they do not affect impairments of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Among the criteria for the use of epidural steroid injections are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the condition must be initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants. Also, the injection should be performed using fluoroscopy for guidance. Although EMG and NCV studies showed consistency with right L5-S1 radiculopathy, there was no evidence in the submitted documentation of failed conservative treatments including exercises, acupuncture, chiropractic treatment, NSAIDs or muscle relaxants. Additionally, no spinal level or levels were specified in the request for the proposed injection. Furthermore, the request did not include using fluoroscopy for guidance. Therefore, this request for Transforaminal Epidural Steroid Injection is not medically necessary.