

Case Number:	CM14-0137797		
Date Assigned:	09/05/2014	Date of Injury:	08/22/2013
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/26/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 51-year-old female who sustained a work related injury on 8/22/2013 as a result of an unknown mechanism of injury. Since then she has complained of continuous moderate to severe lower back pain with her pain rated as 4/10 a few hours into her shift to 6-7/10 after 7 hours of working. Upon examination she has a decreased range of motion. A lumbar MRI dated 11/19/2013 identifies loss of disc height with desiccation and facet hypertrophy with a 2mm retrolisthesis at L5-S1 resulting in moderate neuroforaminal stenosis; at L4-5 there is prominent facet hypertrophy with borderline lateral recess stenosis and neuroforaminal narrowing; last, at T11-12 there is a left paracentral disc extrusion. Per the provided, documentation, the patient has had chiropractic care as her means of treatment. Aside from an MRI dated 11/19/2013, no other medical documented accompanied this review. In dispute is a decision for an outpatient bilateral transforaminal lumbar epidural steroid injection (ESI) at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral transforaminal lumbar epidural steroid injection(ESI) at L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Epidural Steroid Injections Page(s): 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTION AND TREATMENTS Page(s): 46.

Decision rationale: Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain that "must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" with the procedure performed under fluoroscopy for guidance. Repeated ESI treatment "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". The MTUS guidelines are specific as to what must be demonstrated in order to obtain an ESI. As there is neither the complaint of radicular symptoms, no documentation of radicular symptoms that are collaborated with either electrodiagnostic testing or imaging studies, I find the request for ESI medically unnecessary.