

Case Number:	CM14-0150206		
Date Assigned:	09/18/2014	Date of Injury:	06/14/2000
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 and is licensed to practice in Illinois. 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 69-year-old male who reported an injury on 06/14/2000 due to lifting a 100 pound box while working as a butcher. The injured worker reportedly sustained an injury to his low back and ultimately underwent fusion surgery at the L4-5. The injured worker's treatment history included surgical intervention, epidural steroid injections, multiple medications, a TENS unit, and physical therapy. It was noted that the injured worker's diagnostic studies included an MRI of the lumbar spine. However, an independent evaluation of this MRI was not submitted for review. Physical findings included, restricted range of motion of the lumbar spine secondary to pain with a positive straight leg raising test and a positive facet loading bilaterally. The injured worker had 5-/5 motor strength of the left extensor hallucis longus and ankle dorsal flexors. The injured worker had decreased sensation to light touch over the L4, L5 and S1 nerve root distribution. The injured worker's diagnoses included post lumbar laminectomy syndrome, lumbar disc disorder, lumbar radiculopathy, and low back pain. It was noted that the injured worker had previously undergone epidural steroid injections without significant benefit. The injured worker's treatment plan included epidural steroid injections at the L4-5, L5-6 and L3-4 to assist with radiating pain. A Request for Authorization Form was submitted on 09/02/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal LESI (Lumbar Epidural Steroid Injection) at the right L3-4, L4-5, L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends repeat injections made based on at least 50% pain relief for at least 4 to 6 weeks with documented functional improvement. The clinical documentation does not clearly outline the previous injections and treatment levels. Therefore, there is no way to determine if the requested injections are repeat injections or initial injections at the requested levels. Furthermore, the documentation indicates that the injured worker did not have a significant response to prior epidural steroid injections. California Medical Treatment Utilization Schedule recommends initial epidural steroid injections be performed for injured workers who have significant radicular pain consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has persistent pain complaints with radicular findings in the L4, L5 and S1 dermatomal distributions. However, an imaging study to identify pathology to support the request was not provided. Additionally, California Medical Treatment Utilization Schedule does not recommend epidural steroid injections at more than 2 levels using transforaminal blocks. The request is for 3 levels. This exceeds guideline recommends. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested Transforaminal LESI (Lumbar Epidural Steroid Injection) at the right L3-4, L4-5, L5-S1 levels are not medically necessary or appropriate.