

Case Number:	CM14-0150596		
Date Assigned:	09/18/2014	Date of Injury:	10/20/2008
Decision Date:	12/19/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 52-year-old female presenting with a work-related injury October 20th 2008. The patient was diagnosed with lumbar radiculopathy. On May 30, 2014 the patient continued to complain of low back pain that was rated a nine out of 10. According to the medical records the claimant was unable to return to work due to moderate to severe low back pain that radiates to the bilateral lower extremities. The physical exam was significant for antalgic gait, inability to perform heel to toe walk, severe tenderness in the lateral left knee with mild swelling and erythema, mild allodynia and hypersensitivity over the incision site, decreased sensitivity along the bilateral L4 and L5 dermatomes, weakness of the left foot everters, inverters, big toe extensors, and knee extensors. The provider recommended a third therapeutic bilateral L45 and L5 S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third Therapeutic Bilateral L4-L5 & L5-S1 Transforaminal Epidural steroid injection:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47.

Decision rationale: Third Therapeutic Bilateral L4-L5 & L5-S1 Transforaminal Epidural steroid injection is not medically necessary. The California MTUS page 47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. In the therapeutic phase 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." There is lack of documentation of the patient's response to the previous epidural steroid injection or improved function with reduction in medication; therefore, the requested services are not medically necessary.