

Case Number:	CM14-0153958		
Date Assigned:	09/23/2014	Date of Injury:	09/21/2012
Decision Date:	10/27/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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, 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 the date of injury of September 21, 2012. A Utilization Review was performed on August 27, 2014 and recommended non-certification of second left L5-S1 and left S1 transforaminal epidural steroid injection. A Follow Up Evaluation dated August 6, 2014 identifies Present Complaints of low back pain which he rates on a pain scale at 2/10. He underwent left L5-S1 transforaminal epidural steroid injection on July 18, 2014. He reports that he got 75% to 80% better after the injection. He decreased oral intake of his pain medication above 50% after the procedure. Physical Examination identifies gait is antalgic to the left, decreased lordosis and alignment, diffuse tenderness noted over the lumbar paravertebral musculature. There is mild facet tenderness noted over the L4-S1 levels. Kemp's test is positive bilaterally. Farfan test is positive bilaterally. Decreased lumbar spine range of motion. Sensation decreased at the left L5-S1 dermatomes. Left big toe extensors 4/5 strength. Assessment identifies lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatment Recommendations identify request authorization for a second L5-S1 and left 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:

Second Left L5-S1 and left S1 transforaminal epidural steroid injection: 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 rationale: Regarding the request for second Left L5-S1 and left S1 transforaminal epidural steroid injection, 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 two 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 is documentation of 75 to 80% pain relief and reduction in medication use. However, there is no clarification that pain relief was for at least six to eight weeks. In the absence of such documentation, the currently requested second Left L5-S1 and left S1 transforaminal epidural steroid injection is not medically necessary.