MAXIMUS Federal Services

Case Number:	CM14-0157641		
Date Assigned:	09/30/2014	Date of Injury:	05/07/2009
Decision Date:	10/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 patient with a date of injury of 5/7/2009. A utilization review determination dated 9/18/14 recommended non certification for the requested Transforaminal Epidural injection. A progress report dated 8/26/14 indicates that the patient complained of Lumbar back pain with the right side being worse at that time. The patient described the pain as constant and radiating down both legs with the left side causing her more pain than the right. The note states that the patient had at least 50% pain relief from previous epidural injections. The patient has also previous had physical therapy and tried medications. The objective findings indicated that the patient had decreased sensation bilaterally in the distribution of the L4 dermatome, she had absent patellar tendon reflexes and straight leg raises were positive at 30 degrees to both lower extremities. She was also noted to have decreased range of motion of the spine on flexion and extension. The note states that the patient has had an MRI in the past that was discussed at that visit showing an L4-5 and L5-S1 disc herniation. Diagnoses include Lumbar disc disease and Lumbar spine radiculopathy. The plan included refilling Flexeril and starting Lunesta and Prilosec and to request bilat L4-5 tranforaminal epidural. A progress report dated 9/23/14 indicates that the patient has had steroid injections in the past that have made her head feel heavy, burning and she felt weakness in both of her legs. After discussion with her pain management physician the patient stated surgery might be her only option. A note dated February 5, 2014 states that the patient had 2 previous epidurals with only minor temporary relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4- L5 Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Regarding the request for Lumbar 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 to 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, the requesting physician has identified that there are subjective complaints and objective findings consistent with radiculopathy, and that the patient has failed conservative treatment. Unfortunately, it does not appear that previous epidural injections have provided at least 50% pain relief with functional improvement and reduction in medication use for at least six weeks. In the absence of such documentation, the currently requested repeat Lumbar epidural steroid injection is not medically necessary.