

Case Number:	CM14-0157664		
Date Assigned:	09/30/2014	Date of Injury:	08/01/2002
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
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 Occupational Medicine 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:

The injured worker is a 50 year-old male with dates of cumulative trauma injury 08/01/2002 through 06/07/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/13/2014, lists subjective complaints as pain in the low back with radicular symptoms to the lower right extremity. Patient underwent an MRI of the lumbar spine on 07/10/2013 which noted L5-S1 grade I spondylolisthesis with a small central disc protrusion; posterior annular tearing at L4-L5 touching the thecal sac with compressions and congenital narrowing of the lower lumbar canal. Patient received an L4-5 epidural steroid injection on 10/18/2013. Objective findings: Examination of the lumbar spine revealed no deformity or scoliosis. Range of motion was decreased. Straight leg raising test was negative on the right. There was decreased sensation along the right calf and right toes. No provocative maneuvers were performed. Diagnosis included low back pain syndrome, degenerative disc disease, lumbar spine, lumbar disc displacement, spinal stenosis and lumbar facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection right L5-S1, fluoroscopy, monitored:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Revision, Web Edition Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 26.

Decision rationale: According to the MTUS Guidelines, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the injured worker has had previous lumbar epidural steroid injections, but there is no documentation of either the injections or of functional improvement as a result of injections. Therefore, the request for lumbar transforaminal epidural steroid injection right L5-S1, fluoroscopy, monitored is not medically necessary and appropriate.