

Case Number:	CM14-0157864		
Date Assigned:	10/01/2014	Date of Injury:	08/27/2013
Decision Date:	11/06/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/26/2014

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:

Injured worker is a male with date of injury 8/27/2013. Per pain management comprehensive follow up visit dated 9/3/2014, the injured worker complains of constant low back pain shooting down right leg with tingling, numbness and paresthesia. He rates his pain 6-7/10. He has been waiting for epidural steroid injection. Prolonged standing, bending and lifting heavy objects make pain worse. He is working fulltime as a janitor with restrictions. On examination there is increased lumbar lordosis. Paravertebral muscle spasm and localized tenderness is present in lumbosacral spine area. Right sided sitting straight leg raise is positive at 40-50 degrees. Left sided sitting straight leg raise is positive at 60-70 degrees. Right sided stretch test is positive. Hyperextension maneuver of lumbar spine is positive. There is diminished sensation to light touch along medial and lateral border of right leg, calf and foot. Range of motion of lumbosacral spine is restricted. Hyperextension maneuver of lumbosacral spine is positive. Diagnoses include 1) lumbar disc bulges at L3-L4 and L4-L5 with bilateral neuroforaminal narrowing 2) lumbar facet hypertrophy at L3-L4 and L4-L5 level 3) right sided S1 lumbar radiculopathy 4) lumbar facet syndrome 5) chronic myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal and Trans-laminar Lumbar Epidural Steroid Injections at the L5 and S1 Levels under Epidurography: Upheld

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing 2) Initially unresponsive to conservative treatment 3) Injections should be performed using fluoroscopy for guidance 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block 5) No more than two nerve root levels should be injected using transforaminal blocks 6) No more than one interlaminar level should be injected at one session 7) 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 8) No more than 2 ESI injections. Pain management initial consultation dated 6/6/2014 reports that the injured worker previously completed 6 visits of physical therapy and also 1 time epidural injection. The efficacy of this epidural injection is not reported in terms of functional improvement, pain reduction, reduced use of medications, and the duration of the effect. Without this assessment medical necessity has not been established for a repeat injection within the recommendations of the MTUS Guidelines. The request for Right Transforaminal and Trans-laminar Lumbar Epidural Steroid Injections at the L5 and S1 Levels under Epidurography is not medically necessary.