

Case Number:	CM14-0161607		
Date Assigned:	10/07/2014	Date of Injury:	01/18/2013
Decision Date:	11/07/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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 and Pain 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 female who reported an injury on 01/18/2013 from lifting. She was diagnosed with Lumbar Strain, resolved. Her past treatments have included 10 visits of psychotherapy and lumbar epidural steroid injections. An official MRI of the lumbar spine, completed on 06/24/2013, indicated posterior displacement of the L5 as well as mild bilateral stenosis and narrowing of the left S1 lateral recess. The surgical history was not documented in the records. The subjective complaints on 09/25/2014, the injured worker reported a 30-40% pain relief this was from a Lidoderm patch from the repeat lumbar epidural steroid injection she received on 05/07/2014. The examination revealed minimal tenderness to palpation of the paraspinal at L4-L5 and L5-S1. It was also noted that there were no abnormalities of the lumbar spine. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right L5-S1 And Left L5-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for Repeat Right L5-S1 and Left L5-S1 Transforaminal Epidural Steroid Injection is not medically necessary. The California MTUS Guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines also state that injections should be performed using fluoroscopy (live x-ray) for guidance. 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. The physical exam documented normal sensation in sensory exam, motor strength 5/5 bilaterally, and normal range of motion. There was a lack of adequate documentation in the physical exam to support the diagnosis of radiculopathy. Additionally the request as submitted did not specify if it was to be performed under fluoroscopic guidance. Furthermore, there is a lack of documentation regarding at least 50% pain relief, functional improvement, and reduced medication use for 6 to 8 weeks following the previous injection to support the request for a repeat epidural steroid injection. In the absence of the information above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.