

Case Number:	CM14-0167089		
Date Assigned:	10/14/2014	Date of Injury:	12/12/2004
Decision Date:	11/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/10/2014

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 Pain Management and Rehabilitation 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 53 year-old patient sustained an injury on 12/12/2004 while employed by the [REDACTED] Request(s) under consideration include Transforaminal Epidural Steroid Injection at left L4-5. Diagnoses include spinal stenosis. Report of 10//20/14 from the provider noted the patient with ongoing chronic low back pain radiating into the left buttock, left lateral thigh, bilateral lower calves and feet with associated numbness and foot weakness. Medications list Celebrex and Norco. Exam showed back pain, joint stiffness, and decreased range of motion. Conservative care has included medications, therapy, lumbar epidural steroid injections (on 2/3/14 and 6/9/14), and modified activities/rest. Treatment was to continue with medications and repeating LESI. The request(s) for Transforaminal Epidural Steroid Injection at left L4-5 was non-certified on 10/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at left L4-5: 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: This 53 year-old patient sustained an injury on 12/12/2004 while employed by the [REDACTED]. Request(s) under consideration include Transforaminal Epidural Steroid Injection at left L4-5. Diagnoses include spinal stenosis. Report of 10//20/14 from the provider noted the patient with ongoing chronic low back pain radiating into the left buttock, left lateral thigh, bilateral lower calves and feet with associated numbness and foot weakness. Medications list Celebrex and Norco. Exam showed back pain, joint stiffness, and decreased range of motion. Conservative care has included medications, therapy, lumbar epidural steroid injections (on 2/3/14 and 6/9/14), and modified activities/rest. Treatment was to continue with medications and repeating LESI. The request(s) for Transforaminal Epidural Steroid Injection at left L4-5 was non-certified on 10/6/14. EMG/NCV dated 5/6/14 has impression of "Normal Study; no electrodiagnostic evidence of active entrapment neuropathy, peripheral polyneuropathy, or lumbar radiculopathy." MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here with normal EMG/NCS without clinical findings. Although the patient has radicular symptoms; however, the clinical findings was without specific myotomal and dermatomal neurological deficits and to repeat a LESI 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. The patient received two recent LESI without any change in medication dosing or profile nor was there any increased function or improved ADLs documented. Submitted reports noted unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Transforaminal Epidural Steroid Injection at left L4-5 is not medically necessary and appropriate.