

Case Number:	CM14-0172401		
Date Assigned:	10/23/2014	Date of Injury:	09/02/2005
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal Medicine, has a subspecialty in Hospice Palliative Care and is licensed to practice in Pennsylvania. 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 57-year-old gentleman with a date of injury of 09/02/2005. The submitted and reviewed documentation did not identify the mechanism of injury. Office visit notes by [REDACTED] dated 07/29/2014, 08/26/2014, and 09/23/2014 indicated the worker was experiencing lower pain that went into the left leg and problems sleeping due to pain. Documented examinations consistently described a painful gait, decreased motion in the lower back joints, tenderness in the lower back muscles, positive facet loading on both sides of the lower back, pain with raising a straightened leg in testing on both sides, decreased sensation along the outer left lower leg, and tenderness at a scar on the right hip. The submitted and reviewed documentation concluded the worker was suffering from lumbar radiculopathy, lumbar facet syndrome, lumbar spinal stenosis, and post laminectomy syndrome. Treatment recommendations included oral pain medications, staying as active as possible, a lower back injection with steroid medication, and follow-up care. A Utilization Review decision by [REDACTED] was rendered on 10/07/2014 recommending non-certification for bilateral transforaminal epidural steroid injection at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L3-4: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections for short-term treatment of radicular pain. The goal is to decrease pain and improve joint motion, resulting in improved progress in an active treatment program. The radiculopathy should be documented by examination and by imaging studies and/or electrodiagnostic testing. Additional requirements include documentation of failed conservative treatment, functional improvement and at least a 50% reduction in pain after treatment with an initial injection, and a reduction in pain medication use lasting at least six to eight weeks. The submitted and reviewed documentation reported the worker was experiencing pain in the lower back that went into the left leg and problems sleeping due to pain. There was no discussion of prior treatment in any detail other than to suggest a limited benefit from prior steroid injections. The reviewed records did not indicate improved function or record decreased pain following prior injections. In the absence of such evidence, the current request for a bilateral transforaminal epidural steroid injection at L3-4 is not medically necessary.