

Case Number:	CM14-0174937		
Date Assigned:	10/28/2014	Date of Injury:	06/18/2008
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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:

This female patient developed left knee and low back difficulties subsequent to an injury dated 6/18/08. Her knee has been with arthroscopy and subsequent therapy and synvisc injections. A 5/20/14 treating notes documents a right superficial SI joint injection and it states that there was a (it is blank) response to prior epidural injections. The 7/15/14 narrative documents a right pyriformis. On 8/19/14 it is documented that there was no radicular pain. On 9/19/14 another right pyriformis injection is performed and a bilateral S1 injection is recommended stating that the last injection 2 years ago provided 90% improvement in pain. There is no documentation regarding the length of pain relief. There is no neurological evaluation or demonstrated corresponding radiculopathy. There is no discussion if the patient would consider surgical intervention. The MRI studies are consistent with a possible S1 nerve root dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Sacral 1 Transforaminal Epidural Injection under Flouroscopy: Upheld

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

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

Decision rationale: MTUS Guidelines are very specific regarding the standard to justify repeat epidural injections. There needs to be an ongoing radiculopathy that is confirmed with clinical findings plus consistent test results. The prior epidural should result in at least 50% improvement for 6-8 weeks. Neither of these standards have been met. There is convincing evidence in the records reviewed that documents a lasting response of 6-8 weeks and no clinical evidence of a radiculopathy is presented. In addition there is no explanation why piriformis injections are being performed over lapping with the request for an epidural injection. The request for bilateral S1 transforaminal injections under fluoroscopy is not medically necessary.