

Case Number:	CM14-0175739		
Date Assigned:	10/28/2014	Date of Injury:	06/02/2002
Decision Date:	12/16/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 69-year-old male with a 6/2/02 date of injury. He has an epidural to L4/5 on the left on 1/22/14 in a report dated 1/28/14 which apparently initially exacerbated the pain but then the pain subsided and his back pain was a 3/10 at that time, and remained so until a report dated 6/24/14 where the patient complained of 9/10 lower back pain. The patient claimed the injection from 1/22/14 gave him 25% relief in pain for 3 months. He was again seen on 8/25/14, 9/22/14, and 10/20/14 and had a left L4/5 transforaminal ESI for which he reported a 75% improvement in pain on all occasions. Exam findings revealed limited range of motion of the L spine, positive straight leg raise, and pain on movement. A request for a spinal cord stimulator trial was made. Treatment to date: LESI at L4/5 on 1/22/14, history of posterior fixation and fusion of L3-L5 with surgical screws, medications. The UR decision dated 10/21/14 denied the request, as the documentation was not clear with regard to timing of injections, or symptom response or functional improvement over time to the most recent injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 transforaminal epidural steroid injection: 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 Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. This patient has had 4 blocks in this year already. In addition, his last three blocks were spaced less than one month apart, which does not allow monitoring for symptom improvement over 6-8 weeks. The patient's last injection was on 10/21/14 and his full response over 6-8 weeks has yet to be documented. Therefore, the request for a Left L4-5 transforaminal epidural steroid injection was not medically necessary.