

Case Number:	CM14-0176439		
Date Assigned:	10/29/2014	Date of Injury:	11/06/2000
Decision Date:	12/11/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/24/2014

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 39-year-old male with a 11/6/00 date of injury. The mechanism of injury occurred when he was stepping into a car with a package and fell between the space between the car and the dock. According to a progress report dated 10/8/14, the patient noted no major changes in his low back and right leg pain since his last visit on 7/30/14. He stated that he was in severe pain and can't sit still. An MRI of the lumbar spine, dated 3/24/14, revealed postoperative changes with no definite spinal stenosis, small disk protrusion central in the left at the L2,3 level. Objective findings: bilateral R>L leg pain posteriorly with severe spasm of his leg, decreased sensation of legs and ongoing spasm, lumbar paraspinal muscle tenderness and spasms. Diagnostic impression: lumbar discogenic pain, radiculopathy on right, L5 distribution due to L4/5 lesion, myofascial pain/spasm. Treatment to date: medication management, activity modification. A UR decision dated 10/18/14 denied the request for right transforaminal epidural at L2 and L3. There are insufficient objective findings of radiculopathy presented to support the diagnosis for the epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection (ESI) at L2-L3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints; Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

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. In the reports reviewed, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. In addition, there were no subjective and objective findings of radiculopathy documented by clinical history and examination. Therefore, the request for Right transforaminal epidural steroid injection (ESI) at L2-L3 was not medically necessary.