

Case Number:	CM14-0185067		
Date Assigned:	11/12/2014	Date of Injury:	07/11/2013
Decision Date:	12/15/2014	UR Denial Date:	10/26/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine & 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 61 year-old patient sustained an injury on 7/11/13 while employed by [REDACTED]. Request(s) under consideration include Transforaminal Lumbar Epidural Steroid Injection L4-L5. Diagnoses include lumbosacral neuritis/ radiculopathy/ spinal stenosis without claudication/ DDD/ disc displacement. Conservative care has included medications, acupuncture, physical therapy, lumbar epidural steroid injection, and modified activities/rest. MRI of lumbar spine dated 6/27/14 showed 3mm grade 1 anterolisthesis of L4 on L5 with osteoarthritis of facet joints, spinal canal stenosis and narrowing of lateral recesses with neural foraminal narrowing encroaching exiting L4 nerve root. Report of 9/30/14 noted the patient indicating she had not noticed any particular benefit from the lumbar injection. Report of 10/17/14 from the provider noted the patient with chronic ongoing low back pain with moderate relief from recent LESI on 9/16/14; however, pain was rated at 7/10 on average with unchanged quality of life and poor sleep quality. Exam showed normal gait, lumbar spine with restricted range; positive SLR bilaterally; diffuse tenderness at posterior iliac spine; normal reflexes, normal motor strength with decreased sensation over bilateral calf muscles. The request(s) for Transforaminal Lumbar Epidural Steroid Injection L4-L5 was denied on 10/26/14 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 Lumbar Epidural Steroid Injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's.

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

Decision rationale: 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 provided here. In addition, 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 not identified here. Conflicting reports of level of pain relief and duration have been submitted. Report of 9/30/14 noted patient without functional benefit 2 weeks post injection. Submitted reports have not demonstrated any functional improvement derived from the LESI as the patient has remained functionally unchanged without demonstrated decreased pain score, decreased medication dosing or medical utilization or increased ADLs from treatment rendered. Criteria to repeat the LESI have not been met or established. The Transforaminal Lumbar Epidural Steroid Injection L4-L5 is not medically necessary.