

Case Number:	CM14-0022939		
Date Assigned:	05/16/2014	Date of Injury:	09/04/2012
Decision Date:	08/06/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 is a 39-year-old male with a 9/4/12 date of injury. The mechanism of injury was not noted. In a 2/9/14 progress note, the patient complained of pain in the mid back and lower back. The pain was associated with numbness, tingling and weakness in the arms, hands, legs, and feet. On a scale of 0-10, he rated the severity of the pain as 8-9. He also reported intermittent shooting pain in his left leg down to the foot. He stated that to avoid the pain on the left he shifts most of his weight on the right leg which recently started bothering him as well. He described the pain in his right leg as lesser than in the left and mostly radiating into the right thigh. The pain is aggravated by activities of daily living and is decreased with medication and acupuncture. Diagnostic impression: Displacement of lumbar intervertebral disc without myelopathy, Lumbago, Cervicalgia. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 2/7/14 denied the request for Bilateral L5-S1 Lumbar Transforaminal Epidural Steroid Injection. Guidelines support ESI for clinically correlated radiculopathy on exam that corroborates with MRI findings. In this case, the patient has findings of SI pain, Facet pain, right sided sensory loss, and an MRI that shows a left sided nerve impingement of S1. These findings do not match.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5-S1 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 46. Decision based on Non-MTUS Citation 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. However, a MRI from 5/30/13 is documented in a 2/9/14 progress note, but an official MRI report was not provided for review. In addition, the patient is noted to have significant findings on exam of facet-mediated pain, and decreased sensation in the right S1 dermatome. However the patient complained of left-sided radicular pain. The MRI is documented to have findings directed at the left S1 nerve root. The subjective and objective exams are not consistent. Therefore, the request for Bilateral L5-S1 Lumbar Transforaminal Epidural Steroid Injection is not medically necessary.