

Case Number:	CM14-0029328		
Date Assigned:	06/20/2014	Date of Injury:	09/06/2012
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/07/2014

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 and 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:

The injured worker is a 48-year-old male who reported an injury on 06/2012, the mechanism of injury was not provided. On 06/04/2014, the injured worker presented with persistent pain shooting down the bilateral legs and is aggravated by bending and lifting. The injured worker noted that the epidural steroid injection which was done a couple of months ago helped alleviate some of his lower back pain and shooting pain. However, it still persisted and quite severe. Upon examination, the injured worker appeared to be in mild to moderate distress, there was tenderness to the thoracolumbar paraspinal muscles, and tenderness to the lumbar facets joints, and a positive straight leg raise to the right. The MRI revealed an L2-3 and L3-4 disc bulge and an L4-5 and L5-S1 disc bulge, with a tear present at the L5-S1. The diagnosis was lumbar degenerative disc disease. The prior therapy included medications and epidural steroid injection. The provider recommended a bilateral epidural steroid injection at the L5. However, the provider stated that the injured worker has had numerous interventions which have provided him with moderate temporary relief for his painful symptoms, and is still quite dysfunctional with his current level of pain. The provider stated that injured worker has had quite a few injections and that he wants to hold off for the time being, and get a surgeon to see if the injured worker is a surgical candidate or in need of any further testing. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal Epidural Steroid Injection (Series) Qty:3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 591. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, page(s) 46 Page(s): 46.

Decision rationale: The request for a bilateral L5 transforaminal epidural steroid injection series, quantity of 3, is non-certified. The California MTUS Guidelines recommend ESIs, as an option for treatment of radicular pain. An epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts to include home exercise. There is no information on improved function. The criteria for use of an epidural steroid injection include radiculopathy must be documented by a physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be used before a fluoroscopy, and no more than 2 root levels should be injected using transforaminal blocks. The guidelines recommend repeat blocks should be based on continued objective documented pain and functional improvement including at least 50% pain relief associated with a reduction of medication use for 6 to 8 weeks with general recommendations of no more than 4 blocks per region per year. The injured worker had tenderness to the thoracolumbar paraspinal muscles and a positive straight leg raise to the right. The provider stated that the injured worker had had several epidural steroid injections. The submitted medical documentation does not indicate that the injured worker has had 50% pain relief with prior epidural steroid injections and associated medication reduction use for 6 to 8 weeks. The efficacy of the prior injections was not provided. There is no evidence of radiculopathy documented by physical examination and corroborated by imaging studies. Based on the above information and the provided medical documents, an epidural steroid injection would not be warranted. As such, the request is not medically necessary and appropriate.

Fluoroscopy Guidance physician time (Series) Qty:3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar and Thoracic.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for fluoroscopy guidance physician time series, quantity of 3, is non-certified. As the primary request for the epidural steroid injection is not medically necessary, the associated request for fluoroscopy guidance physician time is not medically necessary.

Fluoroscopy Guidance (Series) Qty:3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for fluoroscopy guidance series, quantity of 3, is non-certified. As the primary request for the epidural steroid injection is not medically necessary, the associated request for fluoroscopy guidance physician time is not medically necessary.

Moderate Sedation (Series) Qty:3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The decision for moderate sedation series, quantity of 3, is non-certified. As the primary request for the epidural steroid injection is not medically necessary, the associated request for moderate sedation is not medically necessary.