

Case Number:	CM14-0034236		
Date Assigned:	06/20/2014	Date of Injury:	04/20/2000
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 04/20/2000. The mechanism of injury was not provided. On 02/13/2014, the injured worker presented with lower back pain. Upon examination of the lumbar spine there was restricted range of motion, tenderness to palpation over the paravertebral muscles with spasm and radiated pain, and a trigger point response. There was positive lumbar facet loading bilaterally and a positive straight leg raise to the right. The diagnoses were lumbar radiculopathy and post lumbar laminectomy syndrome. Prior treatment included psychiatric treatment, medications, surgery, and injections. The provider recommended a transforaminal lumbar epidural injection to the L4-5 and S1-2 on the right, the provider's rationale was not provided. The Request for Authorization Form was dated 02/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection Site L4-L5 and S1-S2, side right: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIS.

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

Decision rationale: The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for use for an ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies, must be initially unresponsive to conservative treatment, injections should be used performing fluoroscopy for guidance, no more than 2 root levels should be injected using transforaminal blocks, and 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 6 to 8 weeks. The included medical documentation states that the injured worker has had an ESI to the right L4 and S1 on 03/13/2012 and again in 09/11/2012, the efficacy of the prior epidural steroid injections was not documented. The physical examination of the injured worker includes symptoms of radiculopathy; however, it was not corroborated by imaging studies. Additionally, the provider's request does not indicate the use of fluoroscopy for guidance in the request. As such, the request is not medically necessary.