

Case Number:	CM14-0035097		
Date Assigned:	06/23/2014	Date of Injury:	10/07/2000
Decision Date:	07/30/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Pain Management, 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 male patient with the date of injury of October 7, 2000. A utilization review was performed on March 17, 2014 and recommended non-certification of transforaminal lumbar epidural injection at bilateral L4-L5 per report dated 3/6/2014, Qty: 2.00. A visit note dated March 6, 2014 identifies history of present illness of pain in his lower back that goes into the leg with associated weakness. Examination identifies sensation is decreased in the bilateral L4-5 distribution. Manual Muscle Testing is 4/5 with knee extension and ankle dorsiflexion. The diagnoses identify lumbar facet syndrome, disc disorder lumbar, spinal stenosis lumbar, and radiculopathy. The treatment plan identifies recommend a bilateral transforaminal epidural steroid injection at L4-5.

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 at bilateral L4-5 per report dated 3/6/2014, Qty: 2:00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: Regarding the request for transforaminal lumbar epidural steroid injection at bilateral L4-5 per report dated 3/6/2014, Qty: 2:00, the CA Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, the MTUS guidelines state that 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, with a general recommendation of no more than four blocks per region per year. Within the documentation available for review, there are complaints and objective examination findings supporting a diagnosis of radiculopathy. However, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. Additionally, as there is a request for two injections, the MTUS guidelines support repeat injections only if there has been continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In the absence of such documentation, the request for Transforaminal lumbar epidural steroid injection at bilateral L4-5 per report dated 3/6/2014, Qty: 2:00, is not medically necessary.