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| Case Number: | CM14-0035325 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 08/24/2012 |
| Decision Date: | 07/28/2014 | UR Denial Date: | 03/11/2014 |
| 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 & 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 64-year-old female who reported an injury on 08/24/2012. On 04/07/2014, the injured worker presented with continued low back pain rated 8/10. Upon examination, there was moderate tenderness to palpation, muscle strength 5/5 for the lower extremities, negative tension sign, sensation intact in all dermatomes, and no pathologic reflexes. The diagnoses were status post anterior spinal fusion L4-5, anterior spinal fusion L5-S1, anterior spinal instrumentation L4-5, anterior spinal instrumentation L5-S1, intervertebral device placement L4-5, posterior spinal instrumentation L4-S1, posterior spinal fusion L4-5, and posterior spinal fusion L5-S1, revision of laminectomy of L5. Prior therapy included surgery and medications. The provider recommended outpatient second lumbar transforaminal epidural steroid injection at L4-5 under fluoroscopy. The provider's rationale was not provided. 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:

Outpatient second lumbar transforaminal epidural steroid injection (ESI) at L4-L5 foramina under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: The request for outpatient second lumbar transforaminal epidural steroid injection at L4-5 foramina under fluoroscopy is non-certified. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehabilitation efforts including continuing a home exercise program. There is little information on improved function. The criteria for use of an epidural steroid injection includes radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, the injured worker must be initially unresponsive to conservative treatment to include exercises, physical methods, and non-steroidal anti-inflammatory drugs (NSAIDs), injection should be performed using fluoroscopy for guidance, if used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. No more than two levels should be injected using transforaminal block; no more than one interlaminar level should be injected at one session. The included medical documentation lacked evidence of radiculopathy in the physical exam and corroborated by imaging studies. An adequate examination of the injured worker was not provided detailing current deficits to warrant an epidural steroid injection. As such, the request is non-certified.