

Case Number:	CM14-0035837		
Date Assigned:	06/23/2014	Date of Injury:	07/29/2013
Decision Date:	08/26/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/24/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old male with a work injury dated 7/29/13. The diagnoses include right lower extremity radiculopathy, increased body mass index, facet arthropathy, and anxiety. Under consideration is a request for second bilateral lumbar transforaminal epidural steroid injection at the L5 level. There is a 12/10/13 document that states that the patient would like to refrain from interventional therapy. His pain was a 3/10. The patient was placed back on Gralise (gabapentin) due to pain. There is a primary treating physician (PR-2) document dated 1/21/14 that states that the patient has low back pain radiating down his right leg. The patient had an epidural steroid injection that was performed 11/25/13 that was very painful for him and he feels that he got some benefit however the pain during the procedure makes him hesitant to pursue further injection therapy. On exam there was paraspinal tenderness. He had painful lumbar range of motion. The sensation to pinprick, light touch and vibration was decreased on the right compared to the left. His strength was greater than 3/5 and functional in the bilateral lower extremities. There was a normal Hoffmann. There was no ataxia or clonus. His gait had a normal swing and stance phase without evidence of dysmetria. The patient will follow up in 3-4 weeks and at that time a second injection may be considered. A 3/13/14 document states that the patient had a bilateral L5 epidural steroid injection in November 2013, which offered improvement of his pain for 6-8 weeks. There is a 3/25/14 physician evaluation that states that the patient has had bilateral L5 transforaminal steroid injections that gave him significant benefit but it was temporary. The patient also had a traumatic process given the procedure that was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second bilateral lumbar transforaminal epidural steroid injection at the L5 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical Treatment Utilization Schedule--Definitions p. 1 (definition of functional improvement).

Decision rationale: An outpatient second bilateral lumbar transforaminal epidural steroid injection at the L5 level is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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 six to eight weeks. The documentation does not indicate change in functional improvement as defined by the MTUS or reduction in medication use after the first injection. The request for an outpatient second bilateral lumbar transforaminal epidural steroid injection at the L5 level is not medically necessary.