

Case Number:	CM14-0036094		
Date Assigned:	06/23/2014	Date of Injury:	09/25/1991
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
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 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 patient with a date of injury of 9/25/91. A utilization review determination dated 2/26/14 recommends not medically necessary of bilateral transforaminal epidural injection, lumbar spine. On 2/13/14 medical report identifies increased back and left leg pain with loss of feeling in the left toes and left leg weakness. Previous ESI gave her up to 75% back and leg pain relief for over 1 year. On exam, extension and rotation on the left caused back pain. A bilateral L5 transforaminal ESI was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural injecton, lumber spine #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 and 46 of 127 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for Bilateral transforaminal epidural injection, lumber spine #1, 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,

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. Within the documentation available for review, there are no recent objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. A prior ESI at unspecified level(s) was said to provide up to 75% pain relief for a year, but no objective information such as functional improvement and decreased pain medication usage was documented. In the absence of such documentation, the currently requested Bilateral transforaminal epidural injection, lumbar spine #1 is not medically necessary.