

Case Number:	CM14-0037157		
Date Assigned:	06/25/2014	Date of Injury:	07/20/2013
Decision Date:	11/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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 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 64 year-old patient sustained an injury on 7/20/13 while employed by [REDACTED]. Request(s) under consideration include Transforaminal Epidural Steroid Injection (TFESI) Right L3-L4, in-house. Diagnoses include lumbar sprain/strain. The patient is status post previous right hand surgery in 1976 and left knee surgery in 1989. Conservative care has included medications, physical therapy (12 weeks with transition to HEP), and modified activities/rest. Report of 5/13/14 noted the patient with ongoing chronic low back pain, unchanged if not worse; patient is requesting for his second epidural injection. Exam showed no apparent distress; very slightly tender lumbar sacral area to palpation; good side rotation of spine with forward flexion of 60 degrees with pain; CSM distally intact. Treatment plan included trial of regular duties, visit with QME and epidural injection series. Report of 6/24/14 had unchanged diagnosis of lumbar strain/sprain. Treatment included prescription of Soma and awaiting authorization for LESI. The patient was placed on modified duty. "Final report" dated 7/23/14 noted continuous low back pain rated at 7/10 improved with medications to 5/10. Pain was constant and radiates to right lower extremity. Exam showed lumbar flexion/extension of 80/10 degrees; decreased patella reflex on right with normal right great toe dorsiflexion. Treatment was for 2nd LESI and additional PT for re-instruction for HEP with refill of medications. There was no mention of previous functional improvement or outcome from 1st LESI. The request(s) for Transforaminal Epidural Steroid Injection (TFESI) Right L3-L4, in-house was non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection (TFESI) Right L 3-L4, in house: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back Chapter, Epidural Steroid Injections (ESIS), Therapeutic

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

Decision rationale: Review indicates the patient had LESI on 2/19/14 with pain relief for 2 days. Report of 3/6/14 noted continued right hip and thigh pain with tingling in the leg. Exam showed no specific consistent neurological deficits. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or correlating remarkable diagnostics to support repeating the epidural injections. The patient had LESI on 2/19/14 with noted 2 day pain relief with request for 2nd LESI at follow-up visit 2 weeks later. The patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic July 2013 injury without evidence of functional improvement from previous recent LESI. Criteria for repeating the epidurals have not been met or established. The Transforaminal Epidural Steroid Injection (TFESI) Right L3-L4, in-house is not medically necessary and appropriate.