

Case Number:	CM14-0038384		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2013
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 and Pain Medicine 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:

The patient is a 35-year-old male who sustained a remote industrial injury on 03/01/13 and was diagnosed with lumbosacral spine sprain/strain and bilateral lower extremity radiculopathy. Mechanism of injury occurred when the patient attempted to lift a bucket full of sand and experienced a sharp pulling and stabbing pain in the lumbosacral spine along with weakness in his left leg. The request for Transforaminal Epidural steroid injection bilaterally at L4-5 was non-certified at utilization review due to the lack of sustained improvement in function and pain as a result of previous epidural steroid injections and the lack of significant objective findings demonstrating radiculopathy. The request for Pain Management Specialist Evaluation was also non-certified at utilization review as an evaluation for a transforaminal epidural injection is not medically necessary. The most recent progress note provided is 02/12/14. Patient complains primarily of lumbosacral spine pain rated as a 7-8/10 with radiating pain in the bilateral lower extremities, right greater than the left. Patient reports numbness and tingling. Physical exam findings reveal decreased range of motion of the lumbosacral spine; palpatory examination is positive in the bilateral paraspinal muscles; a mildly positive straight leg raise test bilaterally; and the neurological exam is globally decreased on the right. Current medications include: Mobic and Lyrica. It is noted that the treating physician is requesting a pain management specialist for evaluation and scheduling of transforaminal epidural steroid injection bilaterally at L4-5. Provided documents include an Initial Orthopaedic Consultation and Evaluation dated 01/08/14, which highlights that the patient's previous two epidural steroid injections were not helpful. The patient's previous treatments include epidural steroid injections, medications, and physical therapy. Imaging studies are not provided but an MRI of the lumbar spine, performed on 05/28/13, is referenced as revealing a 3-4 mm posterior right protrusion of annular tear at L4-5 disc level and moderate right lateral recess encroachment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of epidural steroid injections.

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

Decision rationale: According to the MTUS guidelines, "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 4 blocks per region per year." In this case, provided documents highlight the patient underwent two lumbar epidural steroid injections, which resulted in no pain relief or functional improvement. Additionally, the provided documentation does not include the procedure reports from these epidural steroid injections or specify the levels where the injections were performed. MTUS guidelines also states that radiculopathy must be corroborated by imaging studies or electrodiagnostic studies. The imaging studies referenced in this case do not identify pathology that would corroborate radiculopathy. Therefore, the request for bilateral transforaminal epidural steroid injection at L4-L5 is not medically necessary and appropriate.

Pain management specialist evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 117.

Decision rationale: According to the MTUS/ACOEM guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, documentation does not support the need of additional specialist involvement in the current clinical setting as this request involves performing epidural steroid injections. As epidural steroid injections are not medically necessary, additional expertise regarding these injections is also not medically necessary. The request for pain management specialist evaluation is not medically necessary and appropriate.