

Case Number:	CM14-0039153		
Date Assigned:	06/27/2014	Date of Injury:	09/06/2012
Decision Date:	07/28/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 Interventional Spine 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 52-year-old female with a date of injury of 09/06/2012. The patient's diagnoses per [REDACTED] include low back pain from multifactorial chronic etiologies; features of radiculopathy identifying with structural findings and MRI identify annular fissuring at L5-S1 level of the lumbar spine. The patient also had cervicalgia, multifactorial chronic etiologies, and secondary pain generator including facet mediating pain and compensatory myofascial pain. According to this report, the patient complains of low back and neck pain. The patient rates her pain 6/10 that is localized to the back with associated radiation into the knee on the left. The pain is better with massage, heat, and ice, and is worse with movement. The patient has participated in a physical therapy, medication interventional therapy, and an interlaminar epidural steroid injection which significantly helped. The physical exam shows paraspinal muscles are tender to palpation. There is no central tenderness, and extension and rotation are painful bilaterally. There is no crepitus noted. Reflexes are asymmetric side to side comparison of patellar and ankle reflexes bilaterally. The utilization review denied the request on 02/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal Epidural Steroid Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient presents with chronic neck and low back pain. The physician is requesting a bilateral L5 transforaminal epidural steroid injection. The MTUS Guidelines page 46 and 47 on epidural steroid injection recommends this option for treatment of radicular pain as defined by pain in a dermatomal distribution with collaborative findings on MRI. Furthermore, no more than 2 levels should be injected using transforaminal blocks. And 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, and a general recommendation of no more than 4 blocks per region per year. The MRI of the lumbar spine dated 07/07/2013 showed mild chronic degenerative changes present at L4-L5 and L5-S1 resulting in left L4-L5 and right L5-S1 extraforaminal annular fissuring. The patient also underwent a left L4-L5 interlaminar epidural steroid injection on 12/20/2013. The progress report dated 01/06/2014 documents stated that the patient's last epidural steroid injection on 12/20/2013 did not result in at least 50% pain relief and no medication reduction was noted for at least 6-8 weeks. Given the lack of functional improvement, a repeat epidural steroid injection is not medically necessary. Furthermore, the MRI does not show any findings that would result in nerve root lesion and the patient does not present with significant radicular symptoms. Therefore the request is not medically necessary.