

Case Number:	CM14-0039614		
Date Assigned:	06/27/2014	Date of Injury:	08/23/2012
Decision Date:	07/28/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 August 23, 2012. A utilization review determination dated March 28, 2014 recommends noncertification of bilateral L3-4 transforaminal epidural steroid injection. Noncertification was recommended due to lack of documentation of subjective complaints and objective findings supporting a diagnosis of radiculopathy. A progress report with a nearly illegible date of service has boxes checked indicating a need for referral, surgery or hospitalization, request for information, and request for authorization. The note states "discussed epidural procedure." A letter dated March 25, 2014 includes present complaints of pain in the low back radiating into the buttocks, mid thigh, knee, and feet bilaterally. Additionally, there is numbness and tingling in the medial left thigh on a constant basis. Some difficulties with activities of daily living are noted. The note indicates that the patient underwent physical therapy that was ineffective. Physical examination identifies tenderness to palpation in the lumbar spine with reduced lumbar range of motion. There is slight weakness in the lower back and decreased sensation in the left proximal medial groin. The note indicates, "His response has been noted to epidurals and further epidurals may be indicated or surgery may be recommended." A progress report dated March 3, 2014 identifies subjective complaints of low back pain and bilateral leg pain. The note indicates that the patient did not get epidural injections in 2013 when they were recommended. Ortho exam reveals normal motor and sensory examination with negative straight leg raise. A summary of imaging findings identifies, "he has got some lateral recess stenosis left worse than right with foraminal stenosis at L3-4 level." The treatment plan recommends bilateral L3-4 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 transforminal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 173.

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

Decision rationale: Regarding the request for lumbar epidural injections, 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are a couple of conflicting reports provided. One report indicates that the patient's response to previous epidurals has been documented. Another report seems to indicate that the patient has not had epidural injections previously. One report seems to indicate that the patient has dermatomal numbness and myotomal weakness in the lower extremities. Another report indicates a completely normal neurologic examination of the lower extremities. If the patient has undergone previous epidural injections, there is no documentation of analgesic response and objective functional improvement for at least 6 to 8 weeks. If the patient has not had epidural injections previously, there is no clear documentation of objective examination findings supporting a diagnosis of radiculopathy in the requested dermatome. Therefore, in the absence of clarity regarding those issues, the currently requested bilateral L3-L4 transforminal epidural injection is not medically necessary.