

Case Number:	CM14-0040934		
Date Assigned:	06/30/2014	Date of Injury:	01/04/2006
Decision Date:	08/14/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/08/2014

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 Medicine and is licensed to practice in Texas. 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 injured worker is a 42-year-old male who reported an injury on 01/04/2006. The mechanism of injury was not provided in the medical records. His diagnoses include lumbosacral spondylosis, lumbosacral radiculitis, and lumbar disc degeneration. His previous treatments have included anticonvulsants, antidepressants, muscle relaxants, NSAIDs, topical analgesics, previous epidural steroid injections, pain medications, participation in physical therapy, a home exercise program, and a spinal cord stimulator. The injured worker's most recent epidural steroid injection was performed on 12/13/2013. A 01/24/2014 clinical note indicated that previous injections had provided approximately 2 and a half to 3 months of dramatic improvement in symptoms. It was also documented that he was able to decrease his intake of Flexeril and Norco following injections and his physical examination showed better range of motion and a more normal gait pattern. However, no objective numeric value was provided regarding the injured worker's pain relief from his most recent injection. A 02/28/2014 clinical note indicated that a request would be made for bilateral L5 transforaminal injections. However, the Request for Authorization and clear rationale for the repeat injections was not specified.

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 injection (ESI), bilateral L4-5 and L5-S1 facet IVIA epidurogram fluoroscopy moderate sedation to be done with ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, repeat injections may be supported with evidence of at least 50% pain relief with associated reduction of medications for at least 6 weeks following previous injections, as well as evidence of continued objective improvement. The clinical information submitted for review indicated that the injured worker has had significant improvements in symptoms following previous epidural steroid injections. Documentation did show injections in the past had resulted in greater than 50% pain relief for 2 and a half to 3 months. However, the documentation after his most recent epidural steroid injection on 12/13/2013 failed to provide any quantifiable pain documentation to show at least 50% pain relief. He was noted to be able to decrease his use of medications and his range of motion was noted to be increased after previous injections. However, a physical examination with objective range of motion values was not provided to verify the statement. In addition, the MTUS Chronic Pain Guidelines specifically state that the purpose of epidural steroid injections is to facilitate progression in more active rehabilitation program. The clinical information submitted for review did not indicate that the injured worker would be participating in physical therapy or a home exercise program following the recommended injections. Moreover, the documentation did not indicate that the injured worker had severe anxiety to warrant the use of sedation with the procedure. Therefore, the request is not medically necessary and appropriate.