

Case Number:	CM14-0045127		
Date Assigned:	09/03/2014	Date of Injury:	09/30/1987
Decision Date:	10/10/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 Orthopedic Surgery 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 56 year old male who sustained an injury to his low back on 09/30/87 while driving his police car; he was struck in the right front and thrown about 25 feet until he came to a stop. His left arm broke out the front window and he sustained whiplash to his neck. In 1989, the injured worker was responding to a car when his vehicle was t-boned. He held the steering wheel very tight with both arms/shoulders. In 1991, he fell off of a roof. MRI of the lumbar spine dated 11/08/13 revealed a small disc protrusion noted centrally at L5-S1; disc desiccation noted at this level and there is a small annular fissure associated with this process; neuroforaminal stenosis bilaterally secondary to disc pathology, facet degenerative joint disease and redundant ligamentum flavum. An appeal letter dated 03/25/14 noted cranial nerves 2-12 grossly intact; lumbar spine tenderness to palpation about the paraspinal muscles, more noticeably on the left than right, with a moderate degree of muscle spasm identified in the thoracolumbar junction; mild antalgic gait; left lower extremity favoritism; tandem heel walking and toe walking unimpaired; reflexes 2+ throughout; sensory examination normal in the bilateral lower extremities; motor strength 5/5 in the bilateral lower extremities; straight leg raise positive left at 30 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left-sided L5-S1 Transforaminal ESI under fluoroscopic guidance with [REDACTED]:
Upheld

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

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

Decision rationale: The request for a left sided L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance with [REDACTED] is not medically necessary. The previous request was denied on the basis that the injured worker had undergone multiple lumbar epidural steroid injections in the past. During all of these visits, pain medication usage remained unchanged as previously reported. With respect to utilizing a transforaminal versus epidural injection at this time, the injured worker's prior injection was a transforaminal injection and current evidence based studies have shown no difference between transforaminal versus interlaminar injections. Given the minimal reported relief, the injured worker did not have sufficient relief in his pain level or decreased medication usage to repeat the injections based on current guidelines. The CAMTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for at least 6-8 weeks. Given this, the request for a left sided L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance with [REDACTED] is not indicated as medically necessary.