

Case Number:	CM14-0048701		
Date Assigned:	06/25/2014	Date of Injury:	03/08/2000
Decision Date:	07/28/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, 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 57 year old male who sustained an injury to his low back on 03/08/00. The mechanism of injury was not documented. The injured worker continues to complain of low back pain that radiates to the right leg, all the way down to the foot with associated weakness, numbness, and tingling in the bilateral lower extremities. There was no mention that a surgical intervention had been performed or is anticipated. Electromyogram/nerve conduction velocity dated 01/30/14 revealed evidence of moderate acute/chronic L5-S1 radiculopathy in the right lower extremity. It was also noted that there was a possibility of an acute left mild S1 radiculopathy. The records indicate that the injured worker underwent a lumbar epidural steroid injection on 09/20/13 that provided 40-50% relief of pain for an unspecified duration. The injured worker reported that he was able to perform his activities of daily living to include cleaning, showering, cooking, and dressing with greater ease. Physical examination noted straight leg raise positive at 30 degrees right; deep tendon reflexes 1+ in the right lower extremity; sensation decreased in the right lateral thigh/calf; motor strength 5/5 in the bilateral lower extremities throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal Epidural Injection Anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 right L4-5 transforaminal epidural steroid injection under anesthesia is not medically necessary. The California Medical Treatment Utilization Schedule (CAMTUS) states that the injured worker must initially be unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, and muscle relaxants). It also 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 associated reduction of medication use for 6-8 weeks. It was further noted that there was no documentation stating that the injured worker had an associated reduction of medication use after his previous epidural steroid injection. Given this, the request for a right L4-5 transforaminal epidural steroid injection under anesthesia is not medically necessary.