

Case Number:	CM14-0052123		
Date Assigned:	07/07/2014	Date of Injury:	05/25/2000
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/21/2014

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 Medicine 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 injured worker is a 52-year-old male with a reported injury date on 05/25/2000. The mechanism of injury was not provided. His diagnosis was noted to include chronic pain syndrome, chronic lumbosacral neuritis/radiculitis, and degeneration of the lumbar/lumbosacral intervertebral disc, lumbago, muscle spasms, dysesthesia, and myalgia/myositis. The injured worker underwent an MRI of the lumbar spine on 03/11/2013, was noted to reveal left lateral disc extrusion at L3-4, causing severe left neural foraminal stenosis and left L3 nerve root impingement, mild degenerative spondylosis, and mild associated spinal stenosis at L4-5 and L5-S1. An operative note dated 04/21/2014 noted the patient underwent a bilateral L4-5 and L5-S1 Transepidural steroid injection under fluoroscopic guidance. A progress note dated 06/20/2014 noted the injured worker was returning for a follow-up for his chronic lumbar degenerative disc disease with bilateral lumbar radiculopathy and right shoulder pain rated 2/10. It was noted the injured worker had a history of significant benefit from bilateral L4-5, L5-S1 Transforaminal injections roughly once per year. His most recent epidural injection was 04/21/2014, which was noted to work well, and the injured worker was experiencing less pain. It was also noted that the injured worker reported greatly reduced lower extremity pain following that injection which gave him increased right leg strength for stability, driving, walking, and other physical activities. On physical examination of the lumbar spine, it was noted the lumbar spine revealed 50% flexion, 25% extension, 25% lateral bending and full rotation. Straight leg raise was positive bilaterally. It was noted there was lumbosacral tenderness with palpation. In addition, it was noted that the injured worker had hypoesthesia along the L4-5 dermatomes bilaterally with hyperesthesia to the midline L4-5 lumbar spine region bilaterally. Under the treatment plan, it was noted the physician was requesting bilateral L4-5, L5-S1 transforaminal ESI with 2 week follow-up. A

request for authorization form for bilateral transforaminal epidural steroid injection was submitted on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for bilateral transforaminal epidural steroid injection L5-S1 is not medically necessary. The California MTUS Guidelines state that repeat epidural steroid injections should be based on continued objective documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-9 weeks, with a general recommendation of no more than 4 blocks per region per year. In addition, the guidelines state that the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion, and thereby facilitating progress to a more active treatment program. There is lack of objective measurable pain and functional improvement provided within the documentation following the previous epidural steroid injection to include at least 50% pain relief for 6 to 9 weeks. In addition, there is lack of evidence that the patient will be participating in a therapeutic exercise program and/or a home exercise program in conjunction with this requested service. As such, this request is not medically necessary.