

Case Number:	CM14-0057742		
Date Assigned:	07/09/2014	Date of Injury:	09/06/2013
Decision Date:	08/27/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 46-year-old male with a 9/6/2013 date of injury. A specific mechanism of injury was not described. 3/25/14 determination was non-certified. The reason for non-certification was not provided. The determination stated that on 3/19/14 the patient reported 50% pain reduction since the first ESI. 3/7/14 operative report identified that a left L5 and S1 epidural injection was performed. 4/3/14 medical report identified pain exacerbated after returning to work. Pain level was 7/10 on the left lower back. Last ESI improved symptoms by 50%. Exam revealed decreased range of motion. Negative SLR and positive facet maneuver. There was 5/5 motor exam, sensory was intact to light touch, and reflexes were normal. 1/16/14 lumbar spine x-rays report revealed L5-S1 grade 2 (1.2cm) spondylolisthesis due to bilateral pars defects with moderate severe disc degeneration. Bilateral foraminal stenosis suspected may be confirmed with MRI if clinically warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal epidural steroid injection at right L4-L5 under fluroscopic guidance:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines CA MTUS Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. The patient underwent a lumbar ESI on 3/7/14 with 50% improvement by 3/19/14. The next medical appointment was apparently on 4/3/14, where the patient reported increased pain rated 7/10. Therefore, there was no pain relief for six to eight weeks, as required by CA MTUS guidelines. There was also no indication of decrease in medication use during the duration of pain relief from the injection. In addition, the medical reports failed to provide clear findings of radiculopathy and there no imaging studies provided that could demonstrate nerve root pathology. There was insufficient documentation to support this request. Therefore, this request is not medically necessary.