

Case Number:	CM14-0061082		
Date Assigned:	07/09/2014	Date of Injury:	01/19/2004
Decision Date:	10/02/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/01/2014

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 and is licensed to practice in Alabama. 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 patient is a 61 year old male who was injured on 01/19/20004. The mechanism of injury is unknown. Prior treatment history has included epidural steroid injection at L3-4 and L5-S1 in February 2014. Progress report dated 04/03/2014 states the patient complained of low back pain and leg pain. He has received a right transforaminal epidural steroid injection in 05/2013 which provided him with good relief giving him a 70% decrease in pain. He continued to have significant right lower extremity pain and lower back pain on the right side and worsening. On exam, there is limited range of motion of the lumbar spine in all directions. He has tenderness to palpation over the spinous processes and interspaces from L2 to S1. He has significant tenderness over the facet joints from L2 to S1. He has tightness and iliofemoral tendons and muscles, worse on the left. Straight leg raise is positive in the sitting position to 55 degrees on the left and 70 degrees on the right and 70 degrees on the right. His sensation is decreased at L4, L5 and S1 nerve root distributions. The patient is diagnosed with thoracic/lumbosacral neuritis/radiculitis; lumbago; lumbar degenerative disk disease; and lumbosacral spondylosis without myelopathy. The patient was recommended for a transforaminal epidural steroid injection at L3-4, L5-S1 x2 on the right. Prior utilization review dated 04/22/2014 states the request for Right Transforaminal Epidural Steroid Injection L3-L4, L5-S1 x 2 is denied as there is documented neurological deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Epidural Steroid Injection L3-L4, L5-S1 x 2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Epidural steroid injections (ESIs) pain

Decision rationale: The above MTUS guidelines state for "Criteria for the use of Epidural steroid injection. 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 six to eight weeks." In this case, there was no documentation regarding continued objective functional improvement, despite documentation of >50% pain relief with associated reduction of medication use for 6-8 weeks. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.