

Case Number:	CM14-0066986		
Date Assigned:	07/11/2014	Date of Injury:	02/04/2008
Decision Date:	09/22/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain Medicine, and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury due to repetitive strain on 02/04/2008. On 03/11/2014, his diagnoses included low back pain and bilateral lower extremity pain with numbness and weakness. An MRI of the lumbar spine revealed, at L3-4, a tiny disc bulge causing mild to moderate right and moderate to severe left neural foraminal stenosis, contacting the right L3 nerve root. There was displacement and mild compression of the left L3 nerve root in its neural foramen and lateral displacement. There was no nerve root impingement seen at any other level. In a progress note dated 04/01/2014, it was noted that, on 03/20/2014, this worker had bilateral steroid injections, and he reported that the injections decreased his overall pain level. The level of the injections was not specified in the note. On 03/14/2014, the treatment plan included a recommendation for bilateral sacroiliac joint injections, both diagnostic as well as therapeutic. In the followup note of 04/09/2014, the worker stated that he felt much better after the bilateral sacroiliac injections and that he was able to sit for longer periods and it was easier for him to get up and move around. He felt that the injection was helping him and was hoping that he could have another injection to see if his pain could be improved even more. The note stated that he had physical therapy treatments which increased his pain, and that a TENS unit also did not help ameliorate his discomfort. Regarding the bilateral sacroiliac joint injections given on 03/20/2014, he rated his pain relief at approximately 60% with some improvement in function, but the examining physician stated that the worker did not show evidence of any significant change in either pain reduction or improved function. The treatment plan included a recommendation for bilateral L5 transforaminal epidural injections. Again, they were recommended as both being diagnostic and therapeutic. The rationale was that it may be worth trialing several bilateral L5 or caudal epidurals to see if some of the scar tissue could be broken down and improve pain and radicular symptoms. It further stated that, if the L5 epidural

injections did not provide significant improvement in symptoms, then the plan would be to repeat the sacroiliac joint injections. There was no Request for Authorization Form included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 bilateral lumbar transforaminal steroid injections at L5 bilaterally: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The request for series of 3 bilateral lumbar transforaminal steroid injections at L5 bilaterally is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESIs. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The submitted request exceeds the recommendations in the guidelines. Therefore, this request for series of 3 bilateral lumbar transforaminal steroid injections at L5 bilaterally is not medically necessary.