

Case Number:	CM14-0067441		
Date Assigned:	07/11/2014	Date of Injury:	03/04/2013
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
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 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 40 year old male who sustained an injury to his low back on 03/04/13 when he was rear-ended by another vehicle. A clinical note dated 11/09/13 noted that the injured worker continued to complain of low back pain radiating to the bilateral lower extremities with associated numbness/tingling and weakness at 4-8/10 VAS. MRI of the lumbar spine without contrast dated 11/13/13 revealed at L3-4, 3mm right central protrusion with partial annular tear that mildly flattens the anterior thecal sac without nerve root impingement; this mildly narrows the canal; 4-5mm left foraminal and far lateral broad based protrusion which moderately narrows the left inferior neuroforamen without nerve root impingement; L2-3, 3mm left central extrusion with annular tear, which mildly flattens the left anterior thecal sac, which slightly narrows the canal without obvious nerve root displacement; neuroforamina are patent; L4-5, diffused disc bulge and facet hypertrophy without central or foraminal stenosis; mild canal narrowing mainly on a congenital basis; L5-S1, 3-4mm central protrusion with an annular tear, mildly effaces the anterior thecal sac and abutting the S1 nerve roots without canal or foraminal stenosis. The injured worker received an L4-5 lumbar epidural steroid injection on 03/10/14 that reportedly provided only 10% improvement in his low back pain and no improvement of pain in the bilateral lower extremities. Physical examination noted full lumbar range of motion without pain and intact motor strength of the bilateral lower extremities. Also, the injured worker appeared comfortable and in no acute stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Lumbar Epidural Steroid Injection, QTY: 2, level unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: The request for a translaminar lumbar epidural steroid injection x 2, level unspecified is not medically necessary. The previous request was denied on the basis that the level/levels being requested were not specified. There was no indication of the percentage of improvement, duration of improvement, reduction of medication use, or increased function from any previous epidural steroid injection. The CAMTUS 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. Furthermore, the level/laterality was not specified in the request. Given this, the request for a translaminar lumbar epidural steroid injection x 2, level unspecified is not indicated as medically necessary.