

Case Number:	CM14-0080229		
Date Assigned:	07/18/2014	Date of Injury:	10/05/2009
Decision Date:	08/18/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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, 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 female patient with the date of injury of October 5, 2009. A Utilization Review was performed on May 12, 2014 and recommended non-certification of transforaminal ESI L4-L5 L5-S1 left. A Progress Report dated April 7, 2014 identifies History of Present Illness of neck, back and wrist pain. She also reports radicular pain in her upper and lower extremities bilaterally. She has had lumbar epidural x1. Physical Exam identifies TTP paraspinals. Decreased range of motion. Strength is decreased in left lower extremity. Light touch is decreased in right and left lower extremities. Assessment identifies lumbago, intervertebral lumbar disc disorder with myelopathy lumbar region, and degenerative lumbar/lumbosacral intervertebral disc. Plan identifies request authorization for TFESI at L4-5 L5-S1 on left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal ESI (epidural steroid injection) L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Regarding the request for left transforaminal ESI (epidural steroid injection) L4-L5, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, the patient previously underwent ESI. However, there is no indication of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks after the previous injection. In the absence of such documentation, the currently requested left transforaminal ESI (epidural steroid injection) L4-L5 is not medically necessary and appropriate.