

Case Number:	CM14-0086474		
Date Assigned:	07/23/2014	Date of Injury:	11/03/2010
Decision Date:	09/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 patient with a date of injury of November 3, 2010. A utilization review determination dated June 3, 2014 recommends non-certification for a transforaminal lumbar epidural injection at L5, S1, left with pain management. Non-certification was recommended due to a lack of response to previous epidural injections. A progress note dated May 23, 2014 identifies subjective complaints of low back pain radiating into the left leg. The pain is rated at 5/10. He denies any side effects from his medication and states that they are working well. The patient is noting increased left leg pain since his last visit. Current medications include Celebrex, Tramadol, and release. The note indicates that the patient underwent a left transforaminal epidural injection at L5 and S1 on January 17, 2012. Physical examination identifies positive straight leg raise on the left side with normal reflexes in the lower extremities. Weakness is noted on the left side with ankle dorsiflexion and plantar flexion. The sensory examination reveals decreased sensation over the left L5 dermatome. Diagnoses included lumbar radiculopathy and low back pain. The treatment plan indicates that an MRI shows a left lateral disc bulge with a small annular tear at L5-S1 with positive physical examination findings affecting the L5 dermatome. Therefore, "we respectfully ask you authorize this injection." The note goes on to recommend L5 and S1 transforaminal lumbar epidural injection. A gym membership and medications are also recommended. A progress note dated July 18, 2014 states that although the injection given January 17, 2012 did not provide him significant pain relief, we feel it is reasonable for him to trial another injection in hopes of providing pain reduction and improved mobility and function. The note goes on to indicate that he has failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection L5, S1, Left With Pain Management

Physician: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: Regarding the request for Transforaminal Lumbar Epidural Injection L5, S1, Left, 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, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. 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, it appears the patient has physical examination findings in the L5 dermatome. However, there are no physical examination findings corroborating a diagnosis of S1 radiculopathy. The current request is for L5 and S1 transforaminal epidural injection. Guidelines recommend that physical examination findings be present at all of the proposed injection levels. Additionally, the patient previously underwent an epidural steroid injection with no significant relief in pain or improvement in function. The requesting physician has acknowledged this point, but would like to try a 2nd injection anyways. However, he has not put forth any reason why he thinks this injection would work whereas the other one did not, such as change in complaints or physical findings, or a statement indicating that this injection will be performed differently than the previous one. Additionally, there is no MRI report or electrodiagnostic study identifying nerve root impingement or neuroforaminal narrowing at the proposed levels. In the absence of clarity regarding those issues, the currently requested transforaminal lumbar epidural injection L5 and S1 is not medically necessary.