

Case Number:	CM14-0097283		
Date Assigned:	07/28/2014	Date of Injury:	06/15/2008
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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, Pain Medicine and is licensed to practice in Florida. 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 37-year-old male who reported an injury on 06/15/2008. The mechanism of injury was not provided. An MRI of the lumbar spine note reported on 08/23/2013, noted L4-L5 disc desiccation with 3 mm broad based posterior protusion. At the L5-S1 there is a chronic left L5 pars defect and a disc desiccation and a 3 mm left posterolateral protrusion and an extraforaminal portion of the exiting left L5 nerve root. On 05/03/2014, the injured worker presented with right lower extremity pain. Upon examination there was tenderness to palpation of the left and right sciatic notches and decreased range of motion of the lumbosacral spine. There was decreased sensation to touch over the lateral left calf. Diagnoses were, displacement of the lumbar disc without myelopathy and sciatica. Prior treatment included an epidural steroid injection and medications. The provider recommended repeat epidural steroid injection due to a 60% improvement from the same injection on 04/14/2014. The Request For Authorization form was dated 05/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Midline (Translaminar) L5-S1 epidural injection QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back & Thoracic (Acute & Chronic).

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

Decision rationale: The request for midline translaminar L5-S1 epidural injection with a quantity of 1 is non-certified. The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts including continuing a home exercise program. There is no information on improved function. The criteria for use of an epidural steroid injection include radiculopathy must be documented by a physical examination and corroborated by imaging studies, be initially unresponsive to conservative treatment, injections should be performed using fluoroscopy and no more than 2 nerve root levels should be injected using transforaminal blocks. The use of a repeat epidural steroid injection is based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. There is lack of documentation that the prior epidural steroid injection provided at least a 50% relief of pain associated with reduction of medication use for 6 to 8 weeks following the injection. Additionally, a complete and adequate examination of the injured worker was not provided detailing current deficits to warrant an epidural steroid injection. The provider does not indicate the use of fluoroscopy for guidance in the request as submitted. As such, the request is not medically necessary.

Follow up - after the injection has been performed QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7 page 127 regarding independent medical examinations and consultations.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.