

Case Number:	CM13-0030119		
Date Assigned:	11/27/2013	Date of Injury:	11/14/2012
Decision Date:	04/23/2015	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/30/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 65 year old male, who sustained an industrial injury on 11/14/2012. Initial complaints reported included low back pain radiating to the right lower extremity. The initial diagnoses were not provided. Treatment to date has included conservative care, medications, intra-muscular injection, MRI of the lumbar spine, lumbar epidural block, and electrodiagnostic testing (through the VA). Per a qualified medical examination dated after the request for authorization (12/20/2013), the injured worker complained of constant low back pain (rated 6-8/10), pain in both legs with weakness, and urinary issues. Diagnoses at this time include lumbosacral myofasciitis, lumbar radiculopathy bilaterally, and lumbar disc herniation with spinal stenosis. The treatment plan consisted of a MRI of the lumbar spine, x-rays of the lumbar spine, electrodiagnostic testing of the lower extremities, and continued follow-up. The request for a left transforaminal epidural steroid injection at L3-L4 with fluoroscopy and under IV sedation was not submitted or mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT TRANSFORAMINAL EPIDURAL STEROID INJECTION FOR LEVELS L3 AND L4, UNDER FLUROSCOPY AND IV SEDATION, AS AN OUTPATIENT: Upheld

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

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

Decision rationale: 1 left transforaminal epidural steroid injection for levels L3 and L4 under fluoroscopy and IV sedation as an outpatient is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Per documentation a prior bilateral L3, L4 transforaminal steroid injection in 2013 was given with only short term relief. The MTUS states that if injections are used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation indicates that the patient had minimal relief from the prior injection. For this reason left transformanial epidural steroid injection is not medically necessary.