

Case Number:	CM14-0139537		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2011
Decision Date:	04/03/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 33 year old male, who sustained an industrial injury on June 21, 2011. The diagnoses have included degenerative disc disease. Treatment to date has included epidural steroid injections, physical therapy, acupuncture, home exercise program, medications and diagnostic studies. Currently, the injured worker complains of back pain which radiates into the right leg, weakness of the right leg. He reported that with his previous epidural injection he did not notice much relief. On examination, the injured worker had tenderness to palpation over the lumbar spine and minimal dorsiflexion of the right compared to the left. He had weakness with rolling back onto heels and standing on the toes. A straight leg test was positive on the right. On July 31, 2014 Utilization Review non-certified a request for right L5-S1 transforaminal ESI with fluoroscopic guidance, noting that the injured worker had an epidural steroid injection less than the minimum of six weeks prior and continued to have radiating pain into the right leg. The California Medical Treatment Utilization Schedule was cited. On August 28, 2014, the injured worker submitted an application for IMR for review of repeat right L5-S1 transforaminal ESI with fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right L5-S1 Transforaminal ESI with Fluoroscopic Guidance: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, repeat right L5 - S1 transforaminal epidural steroid injection with fluoroscopy is not medically necessary. Epidural Steroid Injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar L5 - S1 disc protrusion; lumbar radiculopathy; and lumbar myofascial spasms. 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 to 8 weeks. Stated differently, repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. The injured worker received an epidural steroid injection on July 1, 2014. Subjectively, the injured worker felt a 50% overall improvement, however, the injured worker continued to experience with radicular pain radiating down the right leg. Additionally, there was no associated reduction in medication use. Consequently, absent clinical documentation with objective functional improvement with the epidural steroid injection administered July 1, 2014, repeat right L5 - S1 transforaminal epidural steroid injection with fluoroscopy is not medically necessary.