

Case Number:	CM14-0169969		
Date Assigned:	10/20/2014	Date of Injury:	02/08/2013
Decision Date:	01/29/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Rehab, has a subspecialty in Pain Medicine 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 male patient with a date of injury of February 8, 2013. A utilization review determination dated September 18, 2014 recommends non-certification of a first therapeutic right L4-5 lumbar transforaminal epidural steroid injection. A progress note dated August 14, 2014 identifies subjective complaints of constant low back pain described as burning and cramping. Patient rates the pain as a 8 on a scale of 0-10. The patient also complains of numbness and tingling in both lower extremities more on the right than the left. The patient's pain radiates down both legs to the bottom of both feet. The right leg hurts more than the left leg. The physical examination identifies decreased sensation of both lower extremities, reflexes for both knees are normal, and there is moderate paraspinal tenderness bilaterally at L3-L4, L4-L5, and L5-S1. The diagnoses include lumbar sprain, lumbago, unspecified constipation, and insomnia. The treatment plan recommends that the patient undergo his first therapeutic lumbar transforaminal epidural steroid injection at disk levels L4-L5 on the right side. The patient previously underwent a diagnostic lumbar epidural steroid injection that resulted in a decrease in pain within five days after the procedure, a decrease in radicular pain, and documented objective pain relief with functional improvement. The treatment plan also recommends prescriptions for Nabumetone 500 mg #60, and Zanaflex 4 mg #30. A lumbar spine MRI report dated June 12, 2014 reveals a 5-6 mm broad posters central disc protrusion at L4-5 which indents the anterior thecal sac but does not result in significant spinal stenosis, and bilateral facet arthropathy at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

First Therapeutic Right L4-5 Lumbar Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Regarding the request for a first therapeutic right L4-5 lumbar transforaminal epidural steroid injection, 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, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from the previous epidural injection. Furthermore, there are non-specific subjective complaints and objective findings of radiculopathy. As such, the currently requested first therapeutic right L4-5 lumbar transforaminal epidural steroid injection is not medically necessary.