

Case Number:	CM14-0186934		
Date Assigned:	11/17/2014	Date of Injury:	07/30/2013
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is 56-year-old male with an injury date of 07/30/13. Based on the 07/24/14 progress report, the patient complains of low back pain radiating to the left lower extremity. Patient also complains of numbness to left extremity and intermittent numbness to the left buttock. Physical examination to the lumbar spine revealed tenderness to palpation to the mid lower back and left para lumbar area, and decreased and painful range of motion. Positive straight leg test on the left. Per progress report dated 09/04/14, provider states that a pain management specialist recommended epidural injections, but has not been authorized. Provider states that patient has a history of epidural injections per progress 10/16/14 report. Diagnosis 07/30/13 is Lumbar or Lumbosacral Disc Degeneration and Thoracic or Lumbosacral Neuritis or Radiculitis. The request is for Lumbar Transforaminal Epidural Steroid Injection, left L5-S1. The utilization review determination being challenged is dated 10/29/14. The rationale is ". There is insufficient information with respect to conservative management to date. Medications are not listed with reference to results with treatment. There is reference to previous epidural injection without qualification of results, and it is unclear whether this previous injection occurred with respect to current back injury or previous condition which is not adequately detailed." Treatment reports are provided from 06/05/14 to 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transformational Epidural Steroid Injection, left L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46 and 47.

Decision rationale: The patient presents with low back pain radiating to left lower extremity. The request is for Lumbar Transforaminal Epidural Steroid Injection, left L5-S1. Patient's diagnosis dated 07/30/13 included lumbar/lumbosacral disc degeneration and thoracic/lumbosacral neuritis or radiculitis. Examination of lumbar spine on 07/30/13 revealed mid lower back and left para lumbar tenderness, decreased range of motion, and positive left straight leg test. MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46,47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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." Per progress report dated 09/04/14, provider states that pain management specialist recommended epidural injections. Provider states in 10/16/14 report that patient had an ESI in the past but do not discuss the results. The patient presents with radicular symptoms to his left leg with positive SLR on exam but no MRI is discussed with any report provided. There are no electrodiagnostic studies to show radiculopathy. Without a clear documentation of radiculopathy, which requires an imaging study showing nerve root lesion, an ESI would not be indicated. Therefore, this request is not medically necessary.