

Case Number:	CM14-0189792		
Date Assigned:	11/21/2014	Date of Injury:	12/17/2005
Decision Date:	01/09/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/14/2014

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, has a subspecialty in 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:

This 67 year old male sustained a work related injury on 12/17/2005. According to the Utilization Review, the mechanism of injury was reported to be injury from a fall. The current diagnoses are bilateral foraminal stenosis and degenerative disc disease of the lumbar spine (L5-S1). According to the progress report dated 10/15/2014, the injured workers chief complaints were low back and bilateral leg pain, right greater than left. He reported the pain in his legs radiate to the anterior portion of his thigh then posteriorly in his lower legs. The physical examination revealed negative straight leg raise test. On this date, the treating physician prescribed bilateral transforaminal epidural steroid injection at L5-S1 with moderate sedation, which is now under review. The injured worker was previously treated with medications and one steroid injection. At the time of injection (7/27/2014), he reported 100% reduction of his pain, only lasting for about 2 days. Overall pain relief lasted about 8 weeks. The pain is back to baseline. The MRI of the lumbar spine (5/2014) revealed severe disc space collapse with endplate changes and bilateral foraminal stenosis L5-S1. When the epidural steroid injection was prescribed work status not indicated on the progress report. On 11/11/2014, Utilization Review had non-certified a prescription for bilateral transforaminal epidural steroid injection at L5-S1 with moderate sedation. The epidural steroid injection was non-certified based on not meeting MTUS criterion. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient bilateral transforaminal epidural steroid injection (ESI) at L5-S1 with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

MAXIMUS 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, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of foraminal stenosis of lumbar region and degenerative disc disease lumbar. In addition, given documentation of epidural steroid injection with 100% reduction of his pain lasting for about 2 days and overall pain relief lasting about 8 weeks, there is documentation of at least 50-70% pain relief for six to eight weeks. However, there is no documentation of decreased need for pain medications and functional response following previous injection. Therefore, based on guidelines and a review of the evidence, the request for outpatient bilateral transforaminal epidural steroid injection (ESI) at L5-S1 with moderate sedation is not medically necessary.