

Case Number:	CM14-0194435		
Date Assigned:	12/02/2014	Date of Injury:	09/22/2014
Decision Date:	01/16/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/20/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 53-year-old female with injury date of 09/22/04. Based on the 10/14/14 progress report, the patient complains of constant aching, burning stabbing pain in lower back that radiates down bilateral lower extremities. Physical examination revealed positive straight leg raise bilaterally. Treater recommends epidural injection due to patient's symptoms, physical examination findings, and "imaging studies." No documentation on MRI/EMG studies in review of submitted report. Diagnosis 10/14/14-Sciatica-Degeneration of lumbar intervertebral disc Treating physician was denied by the utilization review dated 10/30/14. The rationale was "...dermatomal distribution, not stated; there are no neurological findings to support radiculopathy; there are minimal changes to the right on the MRI to support any epidural on the right." Only one progress report from 10/14/14 was provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Transforaminal Epidural Steroid Injection with fluoroscopic guidance qty: 2.0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Patient presents with constant aching, burning, stabbing pain in lower back that radiates down bilateral lower extremities. The request is for Bilateral L4-L5 transforaminal epidural steroid injection with fluoroscopic guidance qty 2.0. Patient's diagnosis dated 10/14/14 included sciatica and degeneration of lumbar intervertebral disc. MTUS has the following criteria regarding ESIs, 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 10/14/14, treater recommends epidural injection due to patient's symptoms, physical examination findings, and "imaging studies." Patient presents with radicular symptoms, and physical examination revealed positive straight leg raise bilaterally. However, there is no documentation of MRI or electrodiagnostic studies to corroborate physical examination, as required by MTUS guidelines. Furthermore, the request is for 2 injections and MTUS does not support repeat injections unless there has been a response to the first one in terms of pain and function. The request is not medically necessary.

Bilateral L5-S1 Transforaminal Epidural Steroid Injection with fluoroscopic guidance x2:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: Patient presents with constant aching, burning, stabbing pain in lower back that radiates down bilateral lower extremities. The request is for Bilateral L5-S1 transforaminal epidural steroid injection with fluoroscopic guidance x 2. Patient's diagnosis dated 10/14/14 included sciatica and degeneration of lumbar intervertebral disc. MTUS has the following criteria regarding ESIs, 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 10/14/14, treater recommends epidural injection due to patient's symptoms, physical examination findings, and "imaging studies." Patient presents with radicular symptoms, and physical examination revealed positive straight leg raise bilaterally. However, there is no documentation of MRI or electrodiagnostic studies to corroborate physical examination, as required by MTUS guidelines. Furthermore, the request is for 2 injections and MTUS does not support repeat

injections unless there has been a response to the first one in terms of pain and function. The request is not medically necessary.