MAXIMUS Federal Services

Case Number:	CM14-0195089		
Date Assigned:	12/02/2014	Date of Injury:	02/25/2010
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/21/2014

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 American Board Internal 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:

The injured worker (IW) is a 50-year-old man with a date of injury of February 25, 2010. The mechanism of injury was not documented in the medical record. The current working diagnoses include L3-L4 and L4-L5 spondylosis with right L4-L5 paracentral disc protrusion and annular tears; right sacroiliac joint dysfunction; thoracic myofascial pain; GI bleed with NSAID use. Treatment has included medications, physical therapy, acupuncture, TENS unit, facet injections, epidural steroid injections (ESI), sacroiliac (SI) joint blocks and home exercise program. Pursuant to the progress note and Request for Authorization dated October 20, 2014, the IW complains of right low back pain radiating down the right lower extremity along the lateral thigh and into the anterior shin. He has intermittent numbness in the great toe and spasms in second and third toes. He notes that the right SI joint injection has worn off now. He reports 50% pain reduction after the injection. The IW reports that he received an injection at Kaiser, which seems to be an ESI, which has lasted over 2 years for him. He is using Flexeril 7.5mg and Terocin patches which helps with his muscle spasms in the thoracic and lumbar spine, and helps him sleep. Physical examination reveals full strength in both lower extremities with intact sensation. Positive straight leg raise on the right side. Negative Patrick's maneuver bilaterally. The treating physician is requesting authorization for right transforaminal epidural steroid injection at L4 and L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal Epidural Steroid Injections (ESI) at L4 and L5 levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right transforaminal epidural steroid injection at L4 and L5 levels is not medically necessary. The criteria for the use of epidural steroid injections are enumerated in the Official Disability Guidelines. They include, but are not limited to, radiculopathy must be documented, objective findings on physical examination need to be present, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing; repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. In this case, the injured worker is 50 years old and the date of injury February 25, 2010. Treatment to date has included prescription medications, physical therapy, acupuncture, TENS unit, facet injections, epidural steroid injections and sacroiliac joint blocks. The physical examination does not contain evidence of radiculopathy. The diagnoses do not contain evidence of radiculopathy. The documentation did not contain evidence of any recent electrodiagnostic studies confirming the presence of lumbar radiculopathy. The result of the epidural steroid injection performed by the treating physician was not present in the medical record. Stated differently, there is no documentation of objective functional improvement from the prior epidural steroid injection. Consequently, absent the necessary criteria to perform an epidural steroid injection (presence of radiculopathy documented on physical exam and corroborated by electrodiagnostic studies), the right transforaminal epidural steroid injection at L4 and L5 levels is not medically necessary.