

Case Number:	CM14-0197610		
Date Assigned:	12/05/2014	Date of Injury:	07/06/1999
Decision Date:	01/23/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 45 year old female with an injury date on 07/06/1999. Based on the 10/03/2014 progress report provided by the treating physician, the diagnoses are:1. Lumbar spondylosis2. DDD of the lumbar spine3. Lumbar radiculopathy4. Chronic pain syndrome5. Annular tear L5-S16. Facet arthropathy with retrolisthesis and broad-based bulge with central protrusion at L5-S17. L4-L5 moderate canal stenosis According to this report, the patient complains of constant stabbing neck pain with numbness and tingling radiating down bilateral arms into fingertips, right greater than left with pain scale at a 6/10 on an average. In regards to the low back, the patient complains of aching pain that radiates down the bilateral legs to the toes, right leg greater than left. Patient reports her symptoms are aggravated with sitting or standing for long periods of time with pain scale at an 8/10. Examination findings show patient continues to have significant TTP of the lumbar spine with spasms into the right paraspinal region. The ROM is significantly decreased in lumbar spine. She has decreased sensation in her right L4, L5, and S1 dermatomes. The patient's condition is "temporarily partially disabled times 6 weeks." The treatment plan is waiting for authorization for TFESI right sided at L4 and L5, continue home exercise, prescribed medications as Norco, Elavil, Flexeril, Gabapentin, and follow up in one month. The patient's past treatment consists of lumbar spine MRI, blood work, UA, physical therapy, acupuncture, chiropractic care, and spinal injections. There were no other significant findings noted on these records. The utilization review denied the request for transforaminal epidural steroid injection on right side at L4 and L5 on 10/24/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/23/2014 to 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection on Right Side at L4 and L5: Upheld

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

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

Decision rationale: According to the 10/03/2014 report, this patient presents with neck and low back pain. Per this report, the current request is for "second" transforaminal epidural steroid injection on right side at L4 and L5. The treating physician mentions that the patient "has undergone a TFESI at right L4 and L5 and reports 0% relief. She notes that her pain has worsened since the injection." For repeat injections MTUS requires "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." In this case the treating physician documents no pain improvement from prior ESI while the guideline requires at least 50% pain relief to authorize for a repeat ESI. Therefore, the request is not medically necessary.