

Case Number:	CM14-0197997		
Date Assigned:	12/08/2014	Date of Injury:	03/19/2014
Decision Date:	01/22/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Tennessee. 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 is a 33-year-old male with a 3/19/14 date of injury. According to a progress report dated 11/6/14, the patient reported that he was still having the same pain that he has been describing for some time and having trouble sleeping due to the pain. It is noted in a report dated 10/14/14 that the patient denied any radicular pain down the legs at this time and denied any weakness. Objective findings: tenderness to palpation in the lumbar paraspinal muscles on both sides, forward bending limited to about 40%, lateral bending about 50%, sensation and circulation were normal, straight leg raise caused low back pain but no radicular symptoms. Diagnostic impression: lumbar disc disease. Treatment to date: medication management, activity modification, physical therapy, trigger point injections. A UR decision dated 11/14/14 denied the request for bilateral transforaminal epidural injection at L5-S1. There is no objective MRI or EMG report available for review to corroborate with the history and physical examination. There is no documentation that the patient was initially unresponsive to conservative treatment prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injections at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Low Back Complaints; Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, in the present case, there is no documentation suggestive that the patient has had any recent conservative treatments that have been ineffective. In addition, there were no subjective and objective findings of radiculopathy documented by clinical history and examination. The patient denied having radicular pain down the legs and physical examination showed normal sensation and no radicular symptoms. There is also no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. Therefore, the request for Bilateral Transforaminal Epidural Steroid Injections at L5-S1 was not medically necessary.