

Case Number:	CM14-0201781		
Date Assigned:	12/12/2014	Date of Injury:	02/12/2011
Decision Date:	01/30/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/02/2014

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 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 54 year-old female with a 2/12/2011 date of injury. According to the 10/16/14 psychiatry/pain management report, the patient presents with chronic intermittent left lumbar radiculopathy as a result of an occupational fall on 2/12/11. She has been diagnosed with thoracic or lumbosacral radiculitis, unspecified. She manages will with 2 lumbar epidural injections per year. The pain level on 10/16/14 is documented as 4/10. On exam, SLR is positive on the left, and there is decreased sensation on the dorsum of the left foot and 4/5 strength at the left extensor hallucis. The treatment plan included a repeat left L4-L5 transforaminal epidural steroid injection. The physician states the last injection was in March 2014 and gave 50% pain reduction and made her ADL's easier. Ten medical reports are reviewed from 5/23/14 through 12/08/2014. The prior procedural note from 3/2014 was not provided, and the closest follow-up report to the March 2014 procedure, is dated 5/23/14. The 5/23/14 report does not discuss efficacy of the epidural injection from March 2014, there is no mention of improved function or reduction in dependency on continued medical treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: The patient is a 54 year-old female with a 2/12/2011 date of injury. According to the 10/16/14 physiatry/pain management report, the patient presents with chronic intermittent left lumbar radiculopathy as a result of an occupational fall on 2/12/11. The physician requests a repeat left L4-L5 transforaminal epidural steroid injection. Because the patient receives 2-epidural injections per year on average. The pain level was reported as 4/10. There are no imaging or electrodiagnostic studies provided to corroborate any examination findings of radiculopathy. The prior epidural injection reports and follow-up documentation for efficacy were not provided for review. The closest available medical report to the March 2014 injection, is dated 5/23/14, and there is no documentation of functional improvement with the 3/2014 injection, and no discussion on the duration of benefit if any. This request is for LEFT L4-L5 TRANSFORAMINAL INJECTION. The MTUS chronic pain medical treatment guidelines, page 46 for "Epidural steroid injections (ESI)" under "Criteria for the use of Epidural steroid injections" states: (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. And (7) 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) The available medical records did not include imaging studies and/or electrodiagnostic testing to corroborate the physical examination. Furthermore, there is no documentation functional improvement from the ESI in March 2014, and no indication that the reduction of pain lasted for the 6-8 weeks as listed under the MTUS criteria. Based on the provided information, it is not clear that the MTUS criteria for a repeat ESI has been met. The request for a left L4-L5 transforaminal epidural steroid IS NOT medically necessary.