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| Case Number: | CM14-0202700 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 03/01/2014 |
| Decision Date: | 02/06/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a 31 year old male with a date of injury as 08/26/2014. The cause of the injury was due to lifting a 80 lb. object while at work. The current diagnoses include lumbar radiculopathy. Previous treatments include oral medications, and left L5 transforaminal epidural steroid injections on 10/06/2014. Primary treating physician's reports dated 08/26/2014 through 11/10/2014 were included in the documentation submitted for review. Report dated 11/10/2014 noted that the injured worker presented with complaints that included increased pain with tingling radiating to the left foot and leg. The physician documented that there has been no improvement with prescribed medications. On 10/06/2014 the injured worker received a left L5 transforaminal epidural steroid injection, initially no improvement was noted. A surgical consultation on 11/07/2014 noting decreased leg pain, and a second injection was recommended and surgery was postponed, but this report was not included for review. The physician noted that the second left L5 transforaminal epidural steroid injection was being requested due to trying to avoid surgery. MRI of the lumbar spine performed on 09/10/2014 was included revealing a disc protrusion at L4-L5 and L5-S1 with nerve root compression at L5. The injured worker's work status was not included. The utilization review performed on 11/24/2014 non-certified a prescription for a 2nd transforaminal epidural steroid injection, left L5 under fluoroscopy based on no documentation to support 50-70% pain relief, objective documented pain relief, decreased need for pain medications, or functional response. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Transforaminal Epidural Steroid Injection, Left L5: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, ESI.

Decision rationale: On 10/06/2014 the injured worker received a left L5 transforaminal epidural steroid injection, initially no improvement was noted. A surgical consultation on 11/07/2014 noting decreased leg pain, and a second injection was recommended and surgery was postponed, but this report was not included for review. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records indicate no physical findings consistent with radiculopathy. One ESI was done with no reported improvement in pain or function.. As such the medical records do not support the use of ESI congruent with ODG guidelines.

Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -low back, ESI.

Decision rationale: On 10/06/2014 the injured worker received a left L5 transforaminal epidural steroid injection, initially no improvement was noted. A surgical consultation on 11/07/2014 noting decreased leg pain, and a second injection was recommended and surgery was postponed, but this report was not included for review. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records indicate no physical findings consistent with radiculopathy. One ESI was done with no reported improvement in pain or function.. As such the medical records do not support the use of ESI congruent with ODG guidelines and there for fluoroscopy is not needed.

