

Case Number:	CM14-0203109		
Date Assigned:	12/15/2014	Date of Injury:	09/28/2011
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
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 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 61 year old male with an injury date of 09/28/11. Based on the 04/09/14 progress report, the patient complains of left-sided low achy back pain with occasional radiation down the posterior thigh to above the knee. Patient states his pain level is a 4/10. The 07/23/14 report indicates that the patient complains of axial back pain/lumbar spondylosis. No additional positive exam findings were provided on this report. He has some tenderness to palpation in the left lower lumbar region. The 11/12/14 report states that the patient continues to have back pain. No further exam findings were provided. The patient's diagnosis includes the following: Lumbar spondylosis. Lumbar degenerative disease. Axial back pain Lumbar disc protrusion. The utilization review determination being challenged is dated 11/26/14. Treatment reports were provided from 01/16/13-11/12/14. All progress reports had the same subjective and objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection L4-L5, L5-S1: Upheld

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

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

Decision rationale: The patient presents with low achy back pain with occasional radiation down the posterior thigh to above the knee. The request is for a TRANSFORAMINAL EPIDURAL STEROID INJECTION L4-L5, L5-S1. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing... 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." In this case, the patient has left-sided low achy back pain with occasional radiation down the posterior thigh to above the knee. He has some tenderness to palpation in the left lower lumbar region as well. The utilization review denial letter states that the patient had a prior bilateral L4-5 lumbar epidural steroid injection on 11/15/11 "with good relief of his leg symptoms; however, he still has some axial back pain." The 11/12/14 report states that "prior epidurals have given him good relief." MTUS requires at "least 50% pain relief with associated reduction of medication use for six to eight weeks," for repeat blocks. There are no discussions provided regarding how the prior epidural steroid injections impacted the patient's pain and function besides the brief statement that it provided "good relief." Furthermore, there are no imaging studies provided. In the absence of a clear dermatomal distribution of pain corroborated by an imaging and an examination demonstrating radiculopathy, ESI is not indicated. Therefore the requested lumbar epidural steroid injection IS NOT medically necessary.