

Case Number:	CM14-0205388		
Date Assigned:	12/18/2014	Date of Injury:	08/28/2012
Decision Date:	02/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/08/2014

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 Medicine 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 51-year-old male with an 8/28/12 date of injury. The injury occurred when he was stocking merchandise. According to a handwritten and largely illegible progress report dated 8/15/14, the patient complained of neck pain rated 3/10, mid-back pain rated 6/10, and low back pain rated 6/10. The pain increased with range of motion and radiated to bilateral legs. He was having constant radiating pain symptoms. He has had prior epidural steroid injections on 2/13/14, 5/20/14, and 7/1/14. His most recent lumbar epidural steroid injection provided 1-2 weeks' worth of relief for his back. Objective findings: limited cervical and lumbar range of motion, positive straight leg raise test at left, reduced sensation to light touch. Diagnostic impression: lumbar spine HNP/disc bulge, cervical spine disc bulge, right upper extremity radiculopathy, stress/anxiety/depression. Treatment to date: medication management, activity modification, physical therapy, epidural steroid injections. A UR decision dated 11/6/14 denied the request for lumbar spine transforaminal epidural steroid injection to right L5, date of service 8/19/14. The claimant underwent prior epidural steroid injection on 2/13/14, 5/20/14, and 7/1/14. The note dated 8/15/14 indicates that the prior epidural steroid injection provided only 1-2 weeks of relief. CA MTUS guidelines require documentation of at least 50% pain relief for at least 6-8 weeks prior to repeat injection. There is no detailed physical examination submitted for review prior to the injection and no imaging studies/Electrodiagnostic results were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for lumbar spine transforaminal epidural steroid injection to right L5 DOS:8/19/14: 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 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, it is noted that his most recent lumbar epidural steroid injection provided 1-2 weeks' worth of relief for his back. Guidelines require evidence of at least 50-70% pain relief for 6 to 8 weeks following previous injection. In addition, there is no documentation of any recent diagnostic studies or imaging studies that would corroborate the medical necessity for the requested service. Furthermore, It is documented that the patient has reduced sensation to light touch, however, the location and specific nerve distribution was not noted. Therefore, the request for Retrospective request for lumbar spine transforaminal epidural steroid injection to right L5 DOS:8/19/14 was not medically necessary.