

Case Number:	CM14-0206663		
Date Assigned:	12/18/2014	Date of Injury:	09/19/2001
Decision Date:	02/10/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, 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

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 64 year-old female with a 9/19/2001 date of injury. According to the 11/13/14 orthopedic report, the patient presents with bilateral left>right lumbar radiculitis status post L4/5 fusion from 1/2012. She had a caudal ESI on 10/14/14 which only helped marginally. On 11/21/14, utilization review denied a left L5/S1 TFESI. The reviewer looked at the 11/12/14 report and states the injection was denied because the patient did not report much improvement after a caudal ESI on 10/14/14 and "she did not have specific neurologic deficits at the L5/S1 level, and a lumbar MRI demonstrating nerve root compression at L5/S1 level is not provided for review"

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal ESI: Upheld

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

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

Decision rationale: The patient is reported to present with bilateral left greater than right lumbar radiculitis. She had fusion at L4/5, and the physician believes there is still L5 radiculopathy, and wants to try a transforaminal injection at left L5/S1. The patient was reported to have minimal

response to a caudal ESI on 10/14/14. The 10/14/14 operative report states the epidurogram showed filling up to the L5/S1 level. There are no MRI reports or electrodiagnostic studies provided for this review. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." And "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" MTUS criteria for epidural injections require corroboration of exam findings with imaging studies and/or electrodiagnostic studies, and states for repeat blocks should be based on pain and functional improvement. The patient did not have a good response with the prior caudal ESI that was shown on epidurogram to cover the L5/S1 level. There are no imaging or electrodiagnostic studies provided. The request is not in accordance with the MTUS criteria for epidural injections. The request for Left L5-S1 transforaminal ESI IS NOT medically necessary.