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| Case Number: | CM14-0207925 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 07/05/2013 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/12/2014 |

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old male with a work injury dated 7/5/13. His diagnoses include cervical disc protrusion, cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, and lumbar spinal stenosis. Under consideration is a request for transforaminal epidural steroid injection with fluoroscopic guidance for left L4-5 and L5-S1. Per documentation that patient's treatment has included physical therapy, medications, activity modification, and at least four lumbar epidural steroid injections. An MRI of the lumbar spine dated August 10, 2013, demonstrated: mild multilevel discogenic changes, most pronounced at L4-L5. Small central left disc extrusion at L4-L5 causing mild left lateral recess narrowing. Small left disc protrusion at L5-S1. No central stenosis or nerve root impingement identified. Mild bilateral foraminal narrowing at L4-L5. The patient underwent an L5-S1 injection at L5-S1 on 4/9/14. A follow up post injection 4/16/14 noted pain continued to be at 5/10 which it was on the date of the 4/9/14 injection. The documentation indicates that on 6/12/14 the patient had a lumbar epidural at L5-S1 and a left L4-5 and L5-S1 transforaminal epidural steroid. A 6/19/14 follow up revealed 10/10 pain. According to an operative report dated September 10, 2013, the patient underwent an L5-S1 epidural steroid injection. Per documentation a follow up with the patient post injection on October 24, 2013, noted pain 3/10 compared to 4-7/10 on September 10, 2013. The follow up on 9/19/14 revealed post procedure pain 2-3/10. There is an 11/3/14 document that states that the patient had greater than 50% pain relief and reduced medication use. The patient states his lumbosacral spine pain has significantly improved to 2-3/10, achy, recurrent pain with only mild ongoing left lower extremity pain and tingling. There is a request for another transforaminal epidural steroid injection. There is an 11/5/14 progress note that states the patient has pain is located in the back with radiation to the left lower extremity. He states this occurred during a

work related incident. He states since that point he has had pain in the back, left lower extremity, and foot. He describes the pain as being primarily located along the lateral aspect of the left leg. He admits to foot involvement as well. He states that he also has an associated numbness. This numbness is in the same distribution as his pain. He does have an MRI revealing L4/5 and L5/S1 Neuroforaminal compromise secondary to disc herniations. On exam the patient has a positive bilateral straight leg raise, 1+ patellar reflex, and Achilles reflex on the left. There is tenderness to palpation in the bilateral lumbar paraspinous musculature. The treatment plan includes a transforaminal epidural steroid injection at left L4-5, L5-S1 #2; initiate Norco; continue Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection with Fluoroscopic Guidance for Left L4-5 and L5-S1: Upheld

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

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

Decision rationale: Transforaminal Epidural Steroid Injection with Fluoroscopic Guidance for Left L4-5 and L5-S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks. Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. No more than 2 injections are recommended. The documentation does not indicate that the patient has had 50% pain relief with associated reduction of medication use for six to eight weeks and evidence of functional improvement. Additionally, the documentation indicates that that patient has had greater than 2 epidural steroid injections. Therefore, the request for a transforaminal epidural steroid injection with fluoroscopic guidance for left L4-5 and L5-S1 is not medically necessary.