

Case Number:	CM14-0219155		
Date Assigned:	01/09/2015	Date of Injury:	10/17/2011
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 patient with a date of injury of October 17, 2011. A utilization review determination dated December 12, 2014 recommends noncertification for a 2nd diagnostic left L5-S1 transforaminal epidural steroid injection. Noncertification was recommended to due to lack of documentation of at least 50% pain relief with associated reduction of medication use and functional improvement for 6 to 8 weeks following the 1st injection. A progress report dated August 6, 2014 states that the patient has been authorized for a left L5-S1 selective epidural catheterization and has failed conservative treatment including physical therapy, chiropractic manipulative therapy, medication, rest, and a home exercise program. An operative report dated October 27, 2014 indicates that a left L5-S1 epidural injection was performed. A progress report dated November 26, 2014 states that the patient had 50 to 60% improvement of low back pain with decreased radicular symptoms, decreased numbness and tingling, and increased range of motion as a result of the L5-S1 transforaminal epidural steroid injection. She was able to stand the entire day at her daughter's wedding. Physical examination findings revealed diffuse tenderness and tenderness over the facet joints in the lumbar spine. Sensation is reportedly decreased in the left L5 dermatome. Diagnoses included a lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The treatment plan recommends a 2nd diagnostic left L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second diagnostic left L5-S1 transforaminal epidural steroid injection: 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 of 127.

Decision rationale: Regarding the request for repeat left L5-S1 transforaminal epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use and functional improvement for 6 to 8 weeks from the previous epidural injection. Furthermore, there are no imaging or electrodiagnostic studies confirming a diagnosis of radiculopathy at the proposed treatment level. As such, the currently requested repeat left L5-S1 transforaminal epidural steroid injection is not medically necessary.