

Case Number:	CM14-0045622		
Date Assigned:	06/27/2014	Date of Injury:	01/22/2009
Decision Date:	04/15/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/02/2014

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 47-year-old female reported a work-related back injury on 01/22/2009. According to the progress notes from the treating provider dated 11/18/13, the injured worker (IW) reports low back and right-sided lower extremity symptoms. The diagnosis is lumbar disc displacement without myelopathy. Previous treatments include medications, epidural steroid injections and facet joint injections, physical therapy and TENS. The treating provider requests outpatient bilateral transforaminal lumbar epidural steroid injections (LESI) at L5-S1 (lumbar myelography, lumbar epidurogram, IV sedation; fluoroscopic guidance, contrast dye). An appeal letter dated March 13, 2014 indicates that the patient had an MRI of the lumbar spine showing a paracentral disc herniation at L5-S1 with 7 mm protrusion to the left. The note indicates that the patient has previously undergone epidural injections and electrodiagnostic studies, which showed chronic left S1 radiculopathy in December 2009. The patient previously underwent chiropractic treatment, medication, physical therapy, and tens unit treatment. The patient continues to have intractable low back pain, which interferes with activities of daily living. A previous lumbar epidural steroid injection on February 26, 2013 provided 70% pain relief that lasted 9 months with functional improvement including the ability to drive more easily and walk for 30 minutes. Physical examination findings revealed decreased strength in the left lower extremity with positive straight leg raise on the left and intact sensation in both lower extremities. The Utilization Review on 03/12/2014 non-certified the request for outpatient bilateral transforaminal LESI at L5-S1 (lumbar myelography, lumbar epidurogram, IV sedation; fluoroscopic guidance, contrast dye), citing CA MTUS Chronic Pain guidelines and ODG recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal Lumbar Epidural Steroid Injection (LESI) at L5-S1 (lumbar myelography, lumbar epidurogram, IV sedation; fluoroscopic guidance, contrast dye):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for repeat Lumbar 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, it appears that guideline criteria has been met for repeat left transforaminal epidural steroid injection at L5-S1. Unfortunately, there is no documentation of any subjective complaints, objective findings, or imaging/electrodiagnostic studies supporting radiculopathy affecting the right lower extremity. There is no provision to modify the current request for bilateral L5-S1 epidural steroid injection. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.