

Case Number:	CM14-0060466		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2008
Decision Date:	04/02/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/01/2014

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: Preventive Medicine, Occupational Medicine

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 injured worker is a 50 year old male who sustained an industrial related injury on 1/17/08. The injured worker had complaints of low back pain, left buttock pain, and left lower extremity pain/paresthesia. Diagnoses included chronic low back pain, chronic left buttock pain, chronic left lower extremity pain/paresthesia, history of left L5-S1 laminectomy / discectomy in September 2009, chronic left S1 radiculopathy, epidural fibrosis L5-S1 level surrounding the left S1 nerve root, and sacroiliitis. MRI studies do not support an L4-5 radiculopathy. Treatment included heat/cold application, stretching, and exercise. Medications included Celebrex, Ibuprofen, and Prilosec. The treating physician requested authorization for a L4-S1 transforaminal epidural steroid injection. On 4/18/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was little to no evidence of continued objective pain and functional improvement with previous steroid injections. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Transforaminal epidural steroid injection (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back; Epidural Injections.

Decision rationale: Due to the unclear benefits from epidural injections, MTUS Guidelines have very specific criteria to justify their use. This includes prior injections having a several month response of at least 50% improvement in pain. Also per MTUS, the levels of injection should correspond to test results i.e. MRI or electrodiagnostics. This request does not meet either of these criteria. There is no evidence that a prior injection provided lasting substantial relief plus there is no evidence to support the L4-5 level that is included in this request. In addition, ODG Guidelines note that the evidence is poor for epidural injections with post laminectomy syndrome (which this patient has). There are no unusual circumstances to justify an exception to Guidelines. The request for the L4-S1 transforaminal epidural injection is not supported by Guidelines and is not medically necessary.