

Case Number:	CM14-0067672		
Date Assigned:	03/06/2015	Date of Injury:	09/27/2007
Decision Date:	04/14/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/12/2014

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. 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 48 year old male, who sustained an industrial injury on 9/27/07. He has reported pain in the lower back and left hip related to a four-foot fall. The diagnoses have included lumbago and sciatica. Treatment to date has included lumbar fusion, physical therapy, lumbar MRI, epidural injections and oral medications. As of the PR2 dated 4/18/14, the injured worker reports a recurrence of left lower extremity pain following a Pedicle screw injection. The treating physician requested a repeat left L5-S1 transforaminal epidural steroid injection with fluoroscopy and intravenous sedation. An evaluation for pedicle screw removal is planned. It is documented that the last epidural was not beneficial and flared the leg pain. On 4/26/14 Utilization Review non-certified a request for left L5-S1 transforaminal epidural steroid injection with fluoroscopy and intravenous sedation. The utilization review physician cited the ODG guidelines for epidural steroid injections. On 5/12/14, the injured worker submitted an application for IMR for review of left L5-S1 transforaminal epidural steroid injection with fluoroscopy and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L L5-S1 Trans ESI with Fluroscopy and IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines section 722.1 subsection under ESI.

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

Decision rationale: Due to the uncertain benefits from epidural injections, the MTUS Guidelines have very specific criteria to support repeat injections. These criteria include a substantial and lasting (at least 50% improvement for 6 weeks) benefit in pain, plus evidence of functional improvement, and diminished reliance on medications. None of these qualifying conditions have occurred. The narrative states that pain was increased with the last injection. Under these circumstances the request for the L5-S1 transforaminal epidural with fluoroscopy and sedation is not supported by Guidelines and is not medically necessary.