

Case Number:	CM15-0006939		
Date Assigned:	01/26/2015	Date of Injury:	10/22/2008
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/13/2015

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

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 46 year old female was injured 10/22/08 in an industrial accident. She is experiencing ongoing lower back pain with radiation into the left lower extremity. Current medications relevant to the injuries are diazepam, duloxetine, gabapentin, omeprazole and Percocet. Diagnoses are spinal stenosis of the lumbar spine, lumbosacral radiculitis, failed lumbar back surgery syndrome and disorder of the trunk. Treatments included physical therapy, home exercise program and prior epidural steroid injection into the spine (11/28/14). The injured worker reports some minimal improvement following the first injection into the spine. Diagnostic studies have included x-rays, MRI (2013 and 2014) and computed tomography. On 12/18/14 Utilization Review non-certified the request for 2 left lumbar transforaminal epidural steroid injections at L4-5 and L5-S1 under anesthesia/ x-rays and fluoroscopic guidance based on failure to meet evidence based guidelines and noting no documentation of at least 50% pain relief and a reduction in pain medication with previous lumbar epidural steroid injection. MTUS: Chronic Pain: Epidural Steroid Injections was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Left Lumbar Transforaminal Epidural Steroid Injections at the L4-L5-S1 Levels Under Anesthesia/X-Rays and Fluoroscopic Guidance between 12/16/2014 and 1/30/2015: 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 ESI Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to Left lower extremity. The request is for 2 LEFT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTIONS AT THE L4-L5-S1 LEVELS UNDER ANESTHESIA / X-RAYS AND FLUROSCOPIC GUIDANCE BETWEEN 12/16/2014 AND 1/30/2015. The request for authorization is not available. The patient is status-post low back disk surgery 02/25/11 and lumbar laminotomy 06/11/12. Patient had 1st Left lumbar epidural steroid injection on 11/19/14. Straight leg raise is positive on Right side. The patient continues with physical therapy, home exercise program, moist heat and stretches. The patients medications include Diazepam, Duloxetine, Gabapentin, Lisinopril, Metformin, Omeprazole and Percocet. The patient is not working. MTUS page 46, 47 states that an ESI is 'Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy).' MTUS further states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.- In the therapeutic phase, 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." Treater has not provided reason for the request. The patient had an epidural steroid injection on 11/19/14, however, the treater has not provided documentation or discussion on how the patient did, including pain and functional improvement. Per progress report dated 12/09/14, patient states "minimal relief in low back radiating down left lower extremity." Furthermore, no imaging studies were included in the request for review to corroborate radiculopathy. Therefore, this request IS NOT medically necessary.