

Case Number:	CM15-0007300		
Date Assigned:	01/26/2015	Date of Injury:	05/10/2012
Decision Date:	03/18/2015	UR Denial Date:	12/09/2014
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:

The injured worker is a 41 year old male, who sustained an industrial injury on 5/10/2012. He has reported back pain after slipping. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, exercise, six (6) sessions of acupuncture, fourteen (14) sessions of chiropractic care with minimal relief, and L4 and L5 epidural steroid injection 8/20/13, with documented 95% in improvement of pain lasting 2-3 days. Currently, the IW complains of continued neck and back pain rated 7-8/10 VAS improved with walking. Physical examination from 12/10/14, documented antalgic gait, lumbar spine tenderness, decreased sensation left L4 dermatome, positive facet challenge with pain radiating to left knee, and positive straight leg raise at 80 degrees. Diagnoses included lumbar hernia (HNP) and Lumbar radiculopathy. Plan of care included continuation of previously prescribed medication and steroid injection to L4 and L5, left side. On 12/9/2014 Utilization Review non-certified a transforaminal epidural steroid injection (TFESI) at Left L4 and L5, noting the medical records failed to document indications for treatment per guidelines. The MTUS and ODG Guidelines were cited. On 1/13/2015, the injured worker submitted an application for IMR for review of transforaminal epidural steroid injection (TFESI) at Left L4 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side TFESI at L4 and L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with low back pain. The patient is status post TFESI at left L4-L5 from 08/20/2014. The treater is requesting LEFT SIDE TFESI AT L4 AND L5. The RFA was not made available. The patient's date of injury is from 05/10/2012, and his current work status is temporary partially disabled. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The records show that the patient received a TFESI at the left L4-L5 on 08/20/2014, which provided 95% pain relief for 2 to 3 days. No MRI of the lumbar spine was made available. The 10/29/2014 report shows decreased sensation in the left L4 dermatome. Reflexes in the lower extremities are equal bilaterally. Facet challenge is positive, eliciting pain down to the left knee. Straight leg raise elicits increased numbness and tingling in his lateral foot on the left at 80 degrees. In this case, the MTUS guidelines require corroborative findings of radiculopathy in an MRI, and for repeat blocks, at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Given that the patient does not meet the criteria per the MTUS Guidelines, the request IS NOT medically necessary.