

Case Number:	CM15-0050761		
Date Assigned:	03/24/2015	Date of Injury:	09/27/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/18/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 31 year old male who sustained an industrial injury on 09/27/2013. He reported low back pain with pain into the left leg and muscle cramps. The injured worker was diagnosed as having left L5 radiculitis secondary to L5-S1 degenerative spondylosis with foraminal stenosis. Treatment to date has included oral pain medications and an epidural transforaminal epidural steroid injection at S1. Previous injections had not helped subjectively. Currently, the injured worker complains of low back pain with left sided radiculopathy. The treatment plan includes a repeat epidural steroid injection. A request for authorization was made for: Transforaminal epidural steroid injection (ESI) at left L5-S1 of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (ESI) at left L5-S1 of the lumbar spine: 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 steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transforaminal epidural steroid injection at left L5-S1 lumbar spine is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are low back pain with persistent left radiculopathy worsening. Documentation from a November 20, 2014 progress note shows the injured worker received chiropractic treatment, physical therapy and ongoing prescription medications. An MRI showed a disk herniation at L5-S1 with degenerative changes. The injured worker underwent an epidural steroid injection (ESI) (no date provided) that was disappointing. The guidelines indicate 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 6 to 8 weeks. The documentation indicates the prior ESI was disappointing". There was no documentation of a 50% improvement or associated production in medication use for 6 to 8 weeks or objective functional improvement as a result of the prior ESI. Consequently, absent documentation of a 50% improvement with an associated reduction in medication use and objective functional improvement with a disappointing response to a prior epidural steroid injection, transforaminal epidural steroid injection at left L5 -S1 lumbar spine is not medically necessary.