

Case Number:	CM14-0117554		
Date Assigned:	08/06/2014	Date of Injury:	10/28/2011
Decision Date:	10/20/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 57-year-old male with a 10/29/2011 date of injury. The patient received an epidural injection on 5/2/2014 at L5-S1. In a progress note dated 5/13/2014, the patient stated that he left ESI L5-S1 helped about 50% for about 7 days and the pain was back to baseline. He has leg pain, left greater than right, and continuous lower back pain. He is still doing physical therapy and has another 8 sessions left. On a physical exam dated 5/13/2014, objective findings included absent bilateral ankle reflexes, decreased sensation on the sole of the foot and posterior leg (S1). The supine straight leg raise and seated straight leg raise was positive bilaterally. The motor strength exam did not show any deficits. The diagnosis is: spinal stenosis, lumbar region, with neurological claudication. Treatment to date: medication therapy, behavioral modification. A UR decision dated 7/10/2014 denied the request for transforaminal epidural steroid injection L5-S1 left, stating that there was lack of description of palliation, duration of palliation, any improvement in ADLs or decreased use of medication associated with the 5/2/2014 ESI (epidural steroid injection).

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION L5-S1 LEFT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. In a progress report dated 5/13/2014, it was noted that the 5/2/2014 epidural injection at L5-S1 on the left helped 50% for about only 7 days. Furthermore, the subjective findings on 5/13/2014 also state that pain is now back to baseline which is left > right leg pain and continuous LBP. Therefore, the request for transforaminal epidural steroid injection at L5-S1 left is not medically necessary.