

Case Number:	CM14-0133355		
Date Assigned:	08/25/2014	Date of Injury:	08/10/2010
Decision Date:	09/24/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/20/2014

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:

The injured worker is a 49 year-old patient who sustained an injury on 8/10/10. Request(s) under consideration include Transforaminal Epidural Injections on Left L5 under Fluoroscopic Guidance. Report of 2/12/14 from the provider noted ongoing symptom complaints to low back. Exam showed lumbar spasm, limited range of motion; decreased sensation, reflexes, and motor weakness. The patient underwent a lumbar epidural steroid injection on 2/27/14. Follow-up on 4/11/14 from provider noted unchanged exam findings with continued weakness and foot drop; reduced sensation, positive SLR with decreased lumbar range of motion. The epidural steroid injection was repeated on 5/8/14. Report of 6/13/14 from the provider noted the patient's pain to be 20% worse since last visit. Exam again showed limited range with plan for trigger point injections, SI joint injection, and ESI x3. The request(s) for Transforaminal Epidural Injections on Left L5 under Fluoroscopic Guidance was non-certified on 7/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injections on Left L5 under Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms; however, the clinical findings was without specific myotomal and dermatomal neurological deficits and to repeat a LESI 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. The patient received a two recent LESI that provided short-term pain relief with second ESI noting increased pain by 20%. The patient is without any change in medication dosing or profile nor was there any increased function or improved ADLs documented. Submitted reports noted unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Transforaminal Epidural Injections on Left L5 under Fluoroscopic Guidance is not medically necessary and appropriate.