

Case Number:	CM14-0142130		
Date Assigned:	09/10/2014	Date of Injury:	09/28/2013
Decision Date:	11/12/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 patient sustained an injury on 9/28/13 while employed by [REDACTED]. Request(s) under consideration include Second transforaminal epidural steroid injection with fluoroscopically guided bilateral L5-S1. Conservative care has included medications, therapy, acupuncture, trigger point injections, lumbar epidural steroid injections, and modified activities/rest. Current medications include Doral. Report of 7/30/14 from the provider noted the patient with ongoing chronic low back pain radiating down lower extremities and up into the neck. The provider noted the LESI on 7/24/14, one week earlier provided at least 50% pain relief. Exam showed mild antalgic gait; lumbar spine with TTP over paravertebral musculature and sciatic notch region; trigger points and taut bands with tenderness; limited range with DTRs of 2+; decreased sensation along lateral calf and dorsal foot; positive SLR on right/left at 60/45 degrees; with intact 5/5 motor strength throughout. Request was for repeat 2nd LESI. The request(s) for Second transforaminal epidural steroid injection with fluoroscopically guided bilateral L5-S1 was non-certified on 8/13/14 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:

Second transforaminal epidural steroid injection with fluoroscopically guided at bilateral L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), Page(s): 66.

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) and for delay of surgical intervention; however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. The patient's MRI was without canal stenosis, neural foraminal narrowing or nerve impingement. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported 50% improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this injury. Criteria for repeating the epidurals have not been met or established with request for repeat LESI post one week from 1st procedure. Therefore, the second Transforaminal epidural steroid injection with fluoroscopically guided at bilateral L5-S1 is not medically necessary and appropriate.