

Case Number:	CM14-0143688		
Date Assigned:	09/12/2014	Date of Injury:	09/15/2008
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/04/2014

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 Family Medicine, 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 44 year old female with a 9/15/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 7/8/14 noted subjective complaints of low back pain radiating to lower extremities. Objective findings included bilateral lumbar spasms and diminished sensation in L5-S1 dermatomes bilaterally. She reported 50-80% improvement for 5 months after transforaminal epidural steroid injection at L5-S1 bilaterally on 1/21/14. An 11/12 lumbar MRI demonstrates partial effacement of the bilateral L5 dorsal root ganglia, left greater than right, with severe L5-S1 bilateral neural foraminal stenosis. Diagnostic Impression: lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis Treatment to Date: medication management, prior ESI, TENS. A UR decision dated 8/7/14 denied the request for TESI Bilateral L5-S1 Block. There was no evidence of nerve root involvement/compression on MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESI BIL L5-S1 BLOCK: Overturned

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

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

Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy)

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 blocks per region per year. There is clear documentation of 50-80% pain relief for 5 month following the prior ESI. There are also sensory deficits along a dermatomal distribution L5-S1 bilaterally. Additionally, there is MRI evidence of L5 nerve root effacement with bilateral several neural foraminal stenosis. The guideline criteria for the requested modality have been met. Therefore, the request for TESI bilateral L5-S1 Block is medically necessary.