

Case Number:	CM14-0145840		
Date Assigned:	09/12/2014	Date of Injury:	01/13/2006
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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 51 year old female with a 1/13/06 injury date. She sustained an industrial injury in the course of her usual work duties, but the precise mechanism was not provided. In a follow-up on 8/1/14, subjective complaints included neck pain with radiation down bilateral upper extremities, pain aggravated by activities and walking, lower back pain with radiation down bilateral lower extremities, also aggravated by activity and walking. The pain level was 0/10 with medications and 7/10 without medications. It was also noted that the prior epidural steroid injection (ESI) at L5-S1 on 11/15/12 provided about 50% pain relief for 2 months. Objective findings included tenderness over the lumbar paraspinal muscles at L4-S1, lumbar range of motion limited by pain, decreased sensation over the L5-S1 dermatomes bilaterally, symmetric reflexes, and a positive seated SLR on the right at 70 degrees. Diagnostic impression: lumbar radiculopathy. Treatment to date: medications, L5-S1 epidural steroid injection (11/15/12) with 50% pain relief for 2 months, TENS unit, physical therapy. A UR decision on 8/12/14 denied the request for bilateral L5-S1 transforaminal epidural on the basis that there was insufficient clinical documentation of pain relief, functional improvement, and reduction in pain medication after the previous ESI on 11/15/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-s1 transforaminal epidural using fluroscopy: Upheld

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

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 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 the present case, there are no imaging reports, electrodiagnostic studies, or references to such reports, included that suggest the presence of radiculopathy. Although the patient reports symptoms of radiating pain, these symptoms would need to be corroborated with imaging studies and physical exam findings. On physical exam, there was no evidence of muscle weakness. In addition, there are no reports included that document pain relief after the 11/15/12 ESI in the 6-8 week period following the procedure. Based upon the available medical evidence and documentation, the requested procedure cannot be certified. Therefore, the request for bilateral L5-S1 transforaminal epidural using fluoroscopy is not medically necessary.