

Case Number:	CM14-0147344		
Date Assigned:	09/15/2014	Date of Injury:	02/28/2011
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old male, who reported an injury due to twisting while carrying a heavy load on 02/28/2011. On 05/14/2014, his diagnoses included thoracic or lumbosacral neuritis or radiculitis. His complaints included ongoing low back pain rated at 8/10. A review of an MRI from 05/2014 revealed no significant spinal canal stenosis at L3-4 or at L4-5. There was no evidence of nerve root impingement. The note stated that his back pain was not relieved by conservative measures such as NSAIDs, medication, and physical therapy. It stated that the pain may be caused by a combination of discogenic, facetogenic, and spinal degenerative disease. The plan of care was for a left L4-5 and L5-S1 transforaminal epidural steroid injection, followed by left lumbar medial branch blocks at L3, L4, L5, and S1. It was noted that he had previous lumbar epidural steroid injections, but the time frames and the results were not included in the documentation. On 07/24/2014, he underwent a 2 level left sided L4-5 and L5-S1 lumbar transforaminal epidural steroid injection. On 08/18/2014, as a followup to the injection, it was noted that he reported a 45% pain relief from the injection. The plan was for a repeat L4-5 and L5-S1 epidural steroid injection. A Request for Authorization dated 08/21/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L4/5, L5/S1 transforaminal epidural steroid injection under fluroscopic guidance:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Epidural ste.

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

Decision rationale: The request for 1 Left L4/5, L5/S1 transforaminal epidural steroid injection under fluroscopic guidance is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, but no more than 2 ESIs. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. They can offer short term pain relief, and use should be in conjunction with other rehab efforts, including continuing a home exercise program. 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 and significant objective functional improvement for 6 to 8 weeks. The evidence in the submitted documentation revealed that this worker had previous epidural steroid injection or injections at an unknown date. The injection he received on 07/24/2014 was at the very least his second injection. The injured worker reported a 45% reduction in pain after 3 weeks. The guidelines require at least a 50% reduction in pain for at least 6 to 8 weeks. The clinical information submitted failed to provide evidence of a 50% reduction in pain for 6-8 weeks with reduction in medication use and significant objective functional improvement; therefore, a repeat epidural steroid injection. Therefore, this request for 1 Left L4/5, L5/S1 transforaminal epidural steroid injection under fluroscopic guidance is not medically necessary.