Case Number:	CM14-0148511		
Date Assigned:	09/18/2014	**Date of Injury:**	05/09/2007
Decision Date:	10/17/2014	**UR Denial Date:**	09/09/2014
Priority:	Standard	**Application Received:**	09/12/2014

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 Management and is licensed to practice in Tennessee. 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 patient is 55-year-old female who has submitted a claim for lumbar degenerative disc disease associated from an industrial injury date of 05/09/2007.Medical records from 2014 were reviewed and showed that the patient complained of pain across the lower back radiating to the left buttock, posterior thigh, wrapping to the left lateral leg and left foot. Pain is rated at 7 out of 10. Physical examination revealed tenderness to palpation of the bilateral lumbar paravertebral muscles. Range of motion is limited in all directions due to pain. Straight leg raise test is positive. MRI of the lumbar spine dated 01/05/2011 had shown no recurrent disc herniation and no stenosis at L4-L5 and adequate central canal volume at L5-S1. Treatment to date has included oral medications for pain and transforaminal epidural steroid injections dated 09/09/2013, 03/20/2014 and 06/25/2014. Utilization review from 09/09/2014 denied the request for INJECTION: LEFT L4-5, L5-S1 TRANSFORAMINAL ESI X 1 because the patient has already had more than 2 epidural steroid injections and a repeat epidural steroid injection is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION : LEFT L4-5, L5-S1 TRANSFORAMINAL ESI X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated on page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Also, the patient must be initially unresponsive to conservative treatment. 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 6 to 8 weeks. In this case, patient complained of pain across the lower back radiating to the left buttock, posterior thigh, wrapping to the left lateral leg and left foot. Straight leg raise test is positive. The patient has had 3 previous epidural steroid injections dated 09/09/2013, 03/20/2014 and 06/25/2014. The patient reported 60-100% pain relief after injections. However, the imaging studies dated back in 2011 did not show radiculopathy. There is no record of any recent imaging study done. Also, no electrodiagnostic study was mentioned in the submitted medical records. The criteria for ESI have not been met. Therefore, the request for INJECTION: LEFT L4-5, L5-S1 TRANSFORAMINAL ESI X 1.