

Case Number:	CM14-0166024		
Date Assigned:	10/13/2014	Date of Injury:	03/29/2001
Decision Date:	01/05/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/08/2014

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 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:

The injured worker has a date of injury of 3/29/01. The patient complains of low back pain into the left leg with a pain score 8/10. Physical examination reveals evidence of left quadriceps, hamstring, tibialis anterior and extensor hallucis longus weakness. There is decreased sensation in the left L4-S1 dermatomes. There is a positive straight leg raise test on the left. Lumbar MRI reported from 10/9/13 indicated evidence of degenerative disc disease and multilevel neural foraminal narrowing . Past treatment interventions have included, physical therapy, chiropractic, acupuncture and epidural steroid injections. Documentation indicates that past epidural steroid injection decreased pain significantly however there was complications of hyperglycemia. A spinal cord stimulator is being considered. Medications includes Norco, ibuprofen and Lyrica. On 9/2/14 recommendations were made for left transforaminal epidural steroid injections at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforminal ESI, Left L3-4 & L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, regarding epidural steroid injections (ESIs), therapeutic; Criteria for the use of Epidural steroid injections

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

Decision rationale: The injured worker is being treated for chronic lumbar radiculopathy. Records indicate suboptimal pain control with conservative treatment. There was pain improvement with past epidural steroid injection. Utilization review denial for current request was based on there being a lack of greater than 50% report for pain reduction for 6-8 weeks following a previous epidural steroid injection. In this patient with chronic pain for greater than 10 years from lumbar radiculopathy and complications of diabetes mellitus, there is no documentation which suggests that the past epidural steroid injection was performed by the current pain specialist at the requested levels and therefore not presumed to be a repeat block. The request for epidural steroid injection is consistent with all cited MTUS guideline criteria for epidural steroid injection and as stated is medically necessary.