

Case Number:	CM14-0187428		
Date Assigned:	11/17/2014	Date of Injury:	04/09/2010
Decision Date:	01/06/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/10/2014

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 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:

The injured worker is a male with date of injury on 4/9/2010. Per progress note dated 10/13/2014, the injured worker complains of lower back pain. He reports that on 9/3/2014 he received bilateral L3-4 TFESI and states that the side of the injection still hurts and his left leg is better than the right. He states the TFESI was ineffective as it only reduced pain for a few days then the pain returned to the same levels. Lowest pain level is 5/10, currently 8/10 and highest is 9/10. He describes the pain as a constant dull aching sensation that radiates down the right leg with bilateral calf cramping sensations. Pain is aggravated with standing and walking, eases pain with relaxing and resting. He has daily limitations such as walking and standing due to increased pain. On examination there is decreased sensation to light touch in bilateral L3 distribution. Strength is 5/5 throughout. Reflexes are 2/2 throughout. The lumbar spine has moderate tenderness with spasm. Flexion is limited by 30%, extension limited by 30%, extension with rotation right and left is normal, and lateral side bends right and left are normal. There is pain with lumbar flexion and lumbar extension. Straight leg raising test is positive. Diagnoses include 1) chronic pain syndrome 2) herniated nucleus pulposus, lumbar 3) lumbar post-laminectomy syndrome 4) lumbar radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection L3-L4 QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed 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 medications use for six to eight weeks. The TFESI on 9/3/2014 only provided a few days relief with no appreciable functional improvement or reduction in pain medication use. The medical necessity for a repeat procedure has not been established within the recommendations of the MTUS Guidelines. The request for bilateral transforaminal epidural steroid injection L3-L4 QTY: 1 is determined to not be medically necessary.