

Case Number:	CM14-0211563		
Date Assigned:	12/24/2014	Date of Injury:	09/26/2008
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 a 42-year-old male who has submitted a claim for lumbar stenosis, lumbar radiculopathy and post-lumbar laminectomy syndrome associated with an industrial injury date of 9/26/2008. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right leg. Physical examination showed painful lumbar flexion, positive straight leg raise test at the right, tender paralumbar muscles and spasm, and mild weakness of right lower leg muscles. Treatment to date has included lumbar fusion (undated), caudal epidural steroid on 2/17/2014, physical therapy and medications. The utilization review from 12/3/2014 denied the request for lumbar transforaminal epidural steroid injection, bilateral L5-S1 fluoroscopy guidance, moderate sedation because of no documentation concerning the patient's response from previous block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid injection, bilateral L5-S1 Fluroscopy Guidance, Moderate Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46,78.

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injection (ESI) is indicated among patients with radicular pain that has been unresponsive to initial conservative treatment. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks. In this case, the patient complained of low back pain radiating to the right leg. Physical examination showed painful lumbar flexion, positive straight leg raise test at the right, tender paralumbar muscles and spasm, and mild weakness of right lower leg muscles. Symptoms persisted despite lumbar fusion, physical therapy and medications. However, the patient underwent caudal epidural steroid on 2/17/2014 without documentation concerning percentage and duration of pain relief post-procedure. The guideline clearly indicates that succeeding blocks are dependent on the patient's response to previous ESI. The medical necessity cannot be established due to insufficient information. Therefore, the request for lumbar transforaminal epidural steroid injection, bilateral L5-S1 fluoroscopy guidance, moderate sedation is not medically necessary.