

Case Number:	CM14-0217099		
Date Assigned:	01/07/2015	Date of Injury:	07/10/2013
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/29/2014

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 & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year-old patient sustained an injury on 7/10/13 while employed by [REDACTED]. Request(s) under consideration include Bilateral L4-S1 Lumbar Transforaminal Steroid Injection. Diagnoses include chronic lumbar backache, bilateral lower extremity radiculopathy and myofascial pain. Conservative care has included medications, therapy modalities, injections, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 12/4/14 from the provider noted continued low back pain with unchanged clinical findings of decreased lumbar range in all planes, decreased sensation in L4-S1 diffusely at bilateral lower extremities with diminished strength and weakness at extensor muscles of lower extremities. MRI of the lumbar spine dated 9/28/13 showed 4-5 mm disc bulge at L3-5 with neural foraminal stenosis. The provider noted electrodiagnostic testing confirmed radiculopathy. The request(s) for Bilateral L4-S1 Lumbar Transforaminal Steroid Injection was modified for L5-S1 level on 12/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 lumbar transforaminal steroid injection.: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Although the patient has radicular symptoms with clinical and diagnostic correlation; however, repeat injections 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. The patient received a recent LESI without any change in medication dosing or profile nor was there any increased function or improved ADLs documented. Submitted reports noted unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased functional status or activities of daily living. Criteria for the LESI have not been met or established. The Bilateral L4-S1 lumbar transforaminal steroid injection is not medically necessary and appropriate.