

Case Number:	CM14-0219144		
Date Assigned:	01/09/2015	Date of Injury:	08/09/2013
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42 year old male, who sustained an industrial injury on August 9, 2013. He has reported sudden low back pain. The diagnoses have included lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and right sacroiliac joint arthropathy. Treatment to date has included medication, diagnostic studies and an epidural steroid injection. After the injection, he reported a 60% improvement for six weeks with decrease in radicular symptoms and numbness/tingling. He stated that his medications are helping him with the pain. Currently, the injured worker complains of pain in the lumbosacral spine. He also complains of right upper extremity pain radiating down to the knee. On December 19, 2014, Utilization Review non-certified a second right L3-L4 and L4-L5 transforaminal ESI, noting the CA MTUS Guidelines. On December 31, 2014, the injured worker submitted an application for Independent Medical Review for review of second right L3-L4 and L4-L5 transforaminal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection at L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L4 - L5 and L5 - S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response; and the therapeutic phase, if the initial block/blocks are given and found to produce pain relief of at least 50 - 70% for at least 6 to 8 weeks, additional blocks may be supported; etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; and right sacroiliac joint arthropathy. The documentation shows the injured worker underwent an epidural steroid injection on July 30, 2014. Follow-up documentation from an August 9, 2014 appeal and August 29, 2014 appeal documents the injured worker sustained a 10% improvement associated with the prior epidural steroid injection on July 30. The August 29, 2014 appeal states the injured worker complains of persistent unrelenting low back pain with right lower extremity radiculopathy. The documentation does not reflect a 50 to 70% improvement in pain relief for at least 6 to 8 weeks. Additionally, in the September 8, 2014 progress note, the injured worker was starting to feel some pain relief at that time. Consequently, absent clinical documentation with objective functional improvement associated with a prior epidural steroid injection, right transforaminal epidural steroid injections at L3 - L4 and L4 - L5 are not medically necessary.