

Case Number:	CM14-0034683		
Date Assigned:	03/20/2014	Date of Injury:	10/05/2012
Decision Date:	02/18/2015	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/20/2014

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, Pain Management

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 is a patient with the date of injury of October 5, 2012. A utilization review determination dated February 27, 2014 recommends noncertification of urgent bilateral L5-S1 transforaminal epidural steroid injection. A progress report dated January 28, 2014 identifies subjective complaints of low back pain which radiates down the posterior aspect of his left lower extremity. His pain is somewhat relieved with medications. All of his activities of daily living are limited secondary to pain. The patient underwent a lumbar epidural steroid injection on January 9, 2014 which improved his low back pain. His right lower extremity continues to be a source of pain. Current medications include Norco, Soma, and Lyrica. An MRI of the lumbar spine dated May 29, 2013 reportedly shows "small disk protrusion at L5/S1 slightly more prominent than with previous studies resulting in moderate central and mild to moderate bilateral foraminal stenosis." Physical examination findings reveal decreased strength in the left lower extremity with decreased sensation in the anterior and lateral left thigh and the anterior and lateral left leg. Diagnosis is degenerative disc disease of the lumbar spine. The treatment plan recommends bilateral L5/S1 transforaminal epidural steroid injection. Additionally, a course of physical therapy is recommended. A progress report dated December 3, 2013 indicates that the patient underwent a lumbar epidural steroid injection on October 4, 2013 with "good relief of his back and lower extremity pain. He rates his relief as over 75%." He has noticed his back and lower extremity pain is starting to return as of last week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent bilateral L5-S1 transforaminal epidural steroid injection under fluoroscopy:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that 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, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks as well as functional improvement from previous epidural injections. Furthermore, it appears that additional conservative treatment was recommended. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.