

Case Number:	CM15-0010801		
Date Assigned:	01/28/2015	Date of Injury:	10/15/2013
Decision Date:	03/25/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 10/15/2013. The current diagnoses are severe facet pain, multi-level disc degeneration, and mild L3-L4 and L5-S1 protrusion. Currently, the injured worker complains of worsening back pain that extends bilaterally at L3 through S1 over the facet joints. The pain is rated 8-10/10. The pain is characterized as aching, stabbing, numbness, burning, and a pins and needles sensation. Current medications are Norco and Ibuprofen. Treatment to date has included medications, physical therapy, back pain, chiropractic treatments, and epidural injection (2013). Per notes, the injection was somewhat helpful. The treating physician is requesting bilateral transforaminal epidural steroid injection at L3-L4, L4-L5, L5-S1, which is now under review. On 12/16/2014, Utilization Review had non-certified a request for bilateral transforaminal epidural steroid injection at L3-L4, L4-L5, L5-S1. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

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 at L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient presents with back pain. The treater has asked for BILATERAL TRANSFORAMINAL EPIDURAL STEROID INJECTION AT L3-4, L4-5, AND L5-S1 on 12/8/14 . A prior single epidural steroid injection in October of 2013 of an unspecified level was somewhat helpful per 1/31/14 report. A lumbar MRI dated 12/10/13 showed significant facet arthropathy at multiple levels at L3-4, L4-5, and L5-S1 causing foraminal stenosis. Severe facet joints degenerative changes were noted. Disc protrusions are noted at L5-S1 and L3-4 mild and non-compressive. Regarding epidural steroid injections, MTUS guidelines recommend repeat blocks to 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. The patient is currently not working. A lumbar MRI showed mild discs at L3-4 and L5-S1 that were non-compressive. The patient had a prior epidural steroid injection that was apparently helpful but the level of pain reduction or any functional improvements were not documented. Furthermore, the request is for 3 level transforaminal ESI and the MTUS does not support more than 2 level injections. was helpful but the level of pain relief was not included in documentation. Furthermore, the request is for 3 level injections and MTUS states, "No more than two nerve root levels should be injected using transforaminal blocks." The request IS NOT medically necessary.