

Case Number:	CM15-0017921		
Date Assigned:	02/06/2015	Date of Injury:	10/29/2012
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/30/2015

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 52 year old male, who sustained an industrial injury on October 29, 2012. He has reported injury to his jaw, chin, and neck, after a being struck by a large object. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, heat applications, cold applications, physical therapy, epidural steroid injections, and radiological imaging. Currently, the IW complains of back pain with radiation into both legs. He rates his pain as 7/10 on a pain scale. The records indicate he had a transforaminal epidural steroid injection of the lumbar spine on November 28, 2014, which gave him 50 percent reduction in pain and an increase in range of motion. He had been authorized for six physical therapy sessions; there is no indication of functional improvement within the records available for this review. On January 13, 2015, Utilization Review non-certified transforaminal lumbar epidural steroid injection, bilateral L3-L4, based on MTUS guidelines. On January 26, 2015, the injured worker submitted an application for IMR for review of transforaminal lumbar epidural steroid injection, bilateral L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar epidural steroid injection bilateral L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

Decision rationale: The patient, a 52-year-old male with an injury date of 10/29/12, presents with back pain, rated 07/10, going down both legs. The request is for TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION BILATERAL L3-L4. The RFA is not provided. Patient's diagnosis on 12/17/14 included lumbar radiculopathy, lumbar degenerative disc disease, lumbar disc displacement, and lumbar spondylosis. On 10/10/14 and 11/18/14, the patient received epidural injections at L3-L4 bilaterally. Patient is temporarily totally disabled. MTUS has the following regarding ESI's, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." In the therapeutic phase, 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. In this case, treater does not state the reason for the repeat lumbar ESI. The patient presents with symptoms consistent with radiculopathy; however, there are no documentation of an MRI for review. Radiculopathy must be documented by physical examination and corroborated by imaging studies. The patient already had two injections. 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. In this case, there are no documentations or discussions pertinent to pain reduction and functional improvement as a result of the previous injections. The request is not in accordance with the guidelines. Therefore, the request IS NOT medically necessary.