MAXIMUS Federal Services

Case Number:	CM14-0140808		
Date Assigned:	09/10/2014	Date of Injury:	03/06/1991
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old female with a reported date of injury on 03/06/1991. The mechanism of injury occurred due to a fall. The diagnoses included chronic low back pain and bilateral radicular pain. The past treatments included pain medication, chiropractic care, physical therapy, epidural steroid injections and massage therapy. There was no diagnostic imaging studies provided for review. The surgical history included L4-L5 and L5-S1 discectomy, laminectomy and fusion in 1999. The subjective complaints on 05/08/2014 included constant dull stabbing pain radiating to bilateral legs with burning sensation to bilateral feet with numbness. The physical examination noted straight leg raise was positive bilaterally, sensation was decreased to light touch and pin prick to bilateral legs and feet, muscle strength was 5/5 to bilateral lower extremities. The medications included Flexeril, Motrin, and Butrans patch. The plan was to perform epidural steroid injection. A request was received for Injection Bi Lateral L5 Transforaminal epidural steroid injection. The rationale was to relive pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Bi Lateral L5 Transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs)

Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Low Back

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

Decision rationale: The California MTUS Guidelines state that repeat epidural steroid 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 addition, the guidelines state that fluoroscopy must be used for guidance. The injured worker was noted to have had a previous epidural steroid injection. However, there is no documented quantified pain relief or duration of pain relief from the previous epidural steroid injection. There was also a lack of documentation showing significant functional improvement and reduction of medication use following the previous injection. In the absence of documentation showing at least 50% pain relief, increased function, and decreased medication use for at least 6 weeks after the previous injection, the request is not supported by the evidence based guidelines. Additionally, the request, as submitted, failed to indicate that fluoroscopic guidance would be used. As such, Bi Lateral L5 Transforaminal epidural steroid injection is not medically necessary.