

Case Number:	CM14-0144267		
Date Assigned:	09/12/2014	Date of Injury:	01/09/2012
Decision Date:	10/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 52 year old female with a date of injury on 1/09/2012. Subjective complaints are of neck and mid back pain rated at 4-5/10, and low back pain rated at 7-8/10. Low back pain radiates with tingling, numbness, and burning down her bilateral legs, with weakness. Left leg is worse than the right. Physical exam of the lumbar spine shows decreased sensation at the left L3-S1 dermatomes with decreased strength. Straight leg raise is positive bilaterally. EMG/NCS from 2013 show electrodiagnostic evidence of left L5-S1 radiculopathy. Lumbar MRI from 1/30/2014 showed degenerative disc disease at L4-5 and L5-S1, canal stenosis at L3-4, and neural foraminal narrowing at L4-5 and L5-S1. The patient received a transforaminal epidural steroid injection at bilateral L5 on 6/27/14. At a 7/11/2014 office visit, the procedure was noted as providing moderate relief. A repeat epidural injection at L5 was performed on 8/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat TFESI Bilateral L5 Nerve Roots: 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 Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: CA MTUS notes that the purpose of epidural steroid injection (ESI) is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. For therapeutic injections, repeat blocks should be based on continued objective pain relief and functional improvement, including at least 50% improvement for 6 to 8 weeks. This patient had a previous injection that was recorded as providing moderate pain relief. There was no objective measures recorded of functional improvement, and pain score when from 6-9/10 to only 6-7/10. The duration of relief was not recorded. Therefore, the medical necessity of a repeat ESI has not been established at this time.