

Case Number:	CM13-0034941		
Date Assigned:	12/11/2013	Date of Injury:	05/14/2010
Decision Date:	02/07/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 claimant is a 52-year-old gentleman who was injured in a work related accident on May 14, 2010. Specific to his low back is a November 6, 2013 documented progress report with [REDACTED] who indicates the claimant is for followup of a prior L5-S1 anterior lumbar interbody fusion which took place in 2012. Since that time, he has been complaining of persistent low back complaints with radiating bilateral lower extremity pain. Treatment to date since surgery has included rest, oral medications, spinal cord stimulator trial and a functional restoration program. His physical examination shows use of an LSO brace but he "Does not appear to have any focal neurologic deficits". He was diagnosed with low back pain and leg pain status post anterior lumbar interbody fusion. He was to continue with aquatic therapy and medications. A prior report of September 5, 2013 indicates the claimant underwent bilateral L5 lumbar transforaminal epidural steroid injections with followup report of September 25, 2013 stating no documentation of significant benefit being obtained. At present, there is a request for an L4-5 transforaminal epidural injection with use of IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4--5 transforaminal epidural steroid injection with IV sedation with Fentanyl and Versed:
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 Page(s): 46.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, repeat injection in this case would not be indicated. Guidelines recommend that repeat blocks should be based on continued objective documented pain and functional improvement. The records indicate the claimant previously underwent an injection at the same level in September of 2013 with no documentation of benefit. Followup assessment while indicating chronic complaints of subjective pain to the low back and legs failed to demonstrate any evidence of specific neurologic radicular finding on examination that would correlate with the claimant's L4-5 level. The specific request for repeat injection in this case at the L4-5 level is not supported.