MAXIMUS Federal Services

Case Number:	CM13-0041046		
Date Assigned:	12/20/2013	Date of Injury:	02/19/2008
Decision Date:	03/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 patient is 55-year-old female who reported an injury on 2/19/08. The mechanism of injury was not provided for review. The patient ultimately developed chronic back pain. The patient underwent an MRI in August 2011 that revealed an L3-4 disc bulge that caused severe right neural foraminal narrowing. It was also noted that the patient had a disc bulge at the L4-5 that caused moderate right and left neural foraminal narrowing. The patient's chronic pain was managed with medications and epidural steroid injections. The previous epidural steroid injections consistently provided at least 75% pain relief with functional benefit for approximately 3-4 months. The patient's most recent evaluation documented that she had limited lumbar range of motion secondary to pain, with a positive straight leg raising test to the right. The patient's diagnoses included herniated disc at the L3-4 and L4-5 causing lumbar radiculopathy, chronic low back pain, and chronic pain syndrome. The patient's treatment plan included continuation of medications, participation in a home exercise program, and an additional epidural steroid injection.

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 at the bilateral L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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

Decision rationale: The California MTUS recommends that repeat epidural steroid injections be based on at least 50% pain relief for greater than 4-6 weeks. The clinical documentation submitted for review provides evidence that the patient has previously undergone epidural steroid injections on at least two prior occasions that have provided at least 75% pain relief for approximately 3-4 months with documentation of functional benefit. Therefore, the need for a transforaminal lumbar epidural steroid injection at the bilateral L4-5 is medically necessary and appropriate.

30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines recommend the use of this medication in the treatment of insomnia related to chronic pain for short durations of time. Treatment should not be extended beyond four weeks. The clinical documentation submitted for review provides evidence that the patient has been on this medication for an extended duration. Additionally, the documentation does not provide an adequate assessment of the patient's sleep hygiene to support continued use. As such, the requested Ambien is not medically necessary or appropriate.