

Case Number:	CM13-0055137		
Date Assigned:	12/30/2013	Date of Injury:	06/06/2002
Decision Date:	05/09/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 52-year-old woman who had an industrial injury to her low back and neck on 06/06/02. Her diagnoses include failed back syndrome, severe lumbar spinal stenosis, cervical disc displacement, lumbosacral neuritis. Treatment has included 2 lumbar surgeries, multiple courses of physical therapy, lumbar epidural steroid injections, cervical epidural steroid injections, acupuncture, aquatic therapy, multiple medications. There is a request for L4-5 and L5-S1 transforaminal lumbar epidural steroid injections, lumbar myelography, lumbar epidurogram, IV sedation & fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

A bilateral transforaminal epidural steroid injection at L4-S1 with fluoroscopic guidance performed under sedation with contrast dye: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The MTUS states that 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. The documentation indicates numerous time including prior documentation from the primary treating physician that patient has had prior lumbar epidural steroid injections which did not provide sustained pain relief. There is an 8/2313 medical legal documentation which states that patient has had lumbar epidural injections prior to obtaining her lumbar surgery but also after the second lumbar surgery. None of these injections or other interventions have offered documented sustained pain relief for 6-8 weeks with documented functional improvement to warrant an additional trial of injections. Furthermore the cumentation indicates that the patient has severe lumbar spinal stenosis. The ODG states that lumbar epidural injections are not recommended for spinal stenosis because they have not been found to be as beneficial a treatment for the this condition. The request for an L4-5 and L5-S1 bilateral transforaminal lumbar epidural steroid injection is not medically necessary.

A lumbar myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A lumbar epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary