

Case Number:	CM13-0062398		
Date Assigned:	12/30/2013	Date of Injury:	09/03/2009
Decision Date:	04/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/04/2013

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 physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 54-year-old female who reported an injury on 09/03/2009. The mechanism of injury was noted to be the patient bent down to open a lock of a large metal gate, which fell onto her striking her right shoulder and low back. The patient had an epidural steroid injection approximately 1 year prior to the office date of 11/26/2013. It was indicated the patient had a left L3-4 epidural steroid injection that gave the patient approximately 2 to 3 months of pain relief with decreased medication usage. The patient's diagnoses were noted to include chronic low back pain, sciatica, and post-laminectomy syndrome of the lumbar region at L4-5 and L5-S1. The patient's physical examination revealed the patient had a positive lying and sitting straight leg raise on the left, and a positive lying and sitting straight leg raise on the right for the back only. The patient's motor strength examination was 5/5. The patient had normal sensation to pinprick and vibratory touch in the upper and lower extremities. However, the patient had paresthesia in the left L4 and L5 affecting the great, 2nd and 3rd toes. The request was made for a repeat injection at L4-5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL SELECTIVE NERVE ROOT BLOCK (L) L4-5: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend a repeat steroid injection when there is objective documented pain relief that is at least 50% with associated reduction of medication use for 6 to 8 weeks and documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had 2 to 3 months of pain relief with decreased medication usage. However, there was a lack of documentation of objective functional improvement and objective decrease in the pain per the Visual Analog Scale score and there was a lack of documentation indicating a quantitative medication use for 6 to 8 weeks. Given the above, the request for Transforaminal selective nerve root block (L) L4-5 is not medically necessary.