MAXIMUS Federal Services

Case Number:	CM14-0002212		
Date Assigned:	01/24/2014	Date of Injury:	07/13/2001
Decision Date:	06/11/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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:

The injured worker is a 54 year old males with a reported date of injury 07/31/2001. The mechanism of injury was not submitted with the medical records. The progress noted from 01/27/2014 reported a previous epidural injection on 06/21/2013 provided 70% relief for 5 months. The progress noted also listed the diagnoses as lumbar post laminectomy syndrome, status post L5-S1 fusion, disc protrusion at L5 measuring 5mm that impinges the S1 nerve root, right sacroiliac joint pain at the sacroiliac joint as diagnosed and confirmed by positive diagnostic fluoroscopically-guided right sacroiliac joint injection, right lumbar facet joint pain at L4-L5 and L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopically guided right L4-L5 and right L5-S1 facet joint medial branch blocks, left lumbar facet joint pain at L4-L5 and L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopically-guided left L4-L5 and left L5-S1 facet joint medial branch block, hypertrophy at bilateral L4-L5 and bilateral L5-S1 facet joints, lumbar facet joint arthroplasty, central disc protrusion at L2-L3, L3-L4, and L5-S1 measuring 2mm, central disc protrusion at L1-L2 measuring 1mm, and lumbar stenosis. The progress noted dated 12/02/2013 noted nerve root tension signs were negative bilaterally, except for a positive bilateral reverse straight leg raise. The request for authorization form dated 12/04/2013 is for a repeat fluoroscopically-guided right L5-S1 lumbar transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT FLUOROSCOPICALLY -GUIDED LUMBER TRANSFORAMINAL EPIDURAL STEROID INJECTION AT RIGHT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The request for a repeat fluoroscopically-guided lumbar transforaminal epidural steroid injection at right L5-S1 is not medically necessary. The injured worker received a previous epidural steroid injection with a 70% relief for 5 months. The California Chronic Pain Medical Treatment guidelines a 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, with a general recommendation of no more than 4 blocks per region per year. The injured worker was shown to have 70% pain relief for 5 months, however, there a lack of documentation regarding his functional improvement and there has not been a reduction in his pain medication. Therefore, the request is not medically necessary.