

Case Number:	CM14-0009273		
Date Assigned:	02/14/2014	Date of Injury:	01/30/2007
Decision Date:	08/11/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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 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:

This is a 47-year-old patient with a January 30, 2007 date of injury. January 9, 2014 progress report indicates that the patient is a chronic pain patient with a long history of chronic intractable pain, managed by oral medication, intrathecal opioid medication. Physical exam demonstrates lumbar tenderness, decreased EHL, EDL strength, diminished sensation, antalgic gait. Treatment to date has included intrathecal pain pump, medication, right L4-5 lumbar discectomy on November 9, 2010. There is documentation of her previous January 17, 2014 adverse determination because recommended thoracic and lumbar spine MRIs to evaluate for shunt tip granuloma or kinking were not obtained prior to any third or interventional pain management procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal right Epidural Steroid Injection (ESI) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

Decision rationale: The California Medical Treatment Utilization Section (MTUS) does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there remains no evidence that updated lumbar and thoracic MRIs that were recently certified to rule out shunt tip granuloma were obtained. There was concern over excess opioid present in the intrathecal pump. No further interventional pain management procedures were deemed appropriate until such work-up was obtained. Therefore, the request for a transforaminal right ESI at L4-L5 was not medically necessary or appropriate.