

Case Number:	CM14-0101464		
Date Assigned:	07/30/2014	Date of Injury:	12/12/2003
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 63-year-old female was reportedly injured on December 12, 2003. The mechanism of injury was noted as a trip and fall over wires. The most recent progress note, dated May 21, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities. Current medications include Diclofenac, Amitriptyline, Cirtirizine, Gabapentin, Norco, and Orphenadrine. The physical examination demonstrated an antalgic gait with decreased lumbar spine range of motion and a positive straight leg raise test bilaterally at 40. There was decreased sensation at the bilateral L5 and S1 nerve distributions. Diagnostic imaging studies of the lumbar spine indicated a right central disc protrusion at L1-L2 and a Grade I as well as a retrolisthesis of L1 on L2, L2 on L3, and L3 on L4. There was also anterolisthesis of L5 on S1. Previous treatment included lumbar spine epidural steroid injections. A request had been made for transforaminal lumbar spine epidural steroid injections at L4-L5 and L5-S1 and was found to not be medically necessary in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injections at Bilateral L4-L5 Qty 1: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, in the therapeutic phase, repeat blocks should be based on continued objective documentation of pain and functional improvement including at least a 50% pain relief with associated reduction of medication usage for 6 to 8 weeks. According to the attached medical record, the injured employee was previously administered lumbar spine epidural steroid injections on April 30, 2014; however, there is no documentation regarding the efficacy of these injections. Considering this, this request for transforaminal lumbar epidural steroid injections at the bilateral L4-L5 is not medically necessary.

Transforaminal Lumbar Epidural Injections at Bilateral L5-S1 Qty 1: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, in the therapeutic phase, repeat blocks should be based on continued objective documentation of pain and functional improvement including at least a 50% pain relief with associated reduction of medication usage for 6 to 8 weeks. According to the attached medical record, the injured employee was previously administered lumbar spine epidural steroid injections on April 30, 2014; however, there is no documentation regarding the efficacy of these injections. Considering this, this request for transforaminal lumbar epidural steroid injections at the bilateral L5-S1 is not medically necessary.