

Case Number:	CM14-0014572		
Date Assigned:	06/13/2014	Date of Injury:	08/18/1995
Decision Date:	07/31/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery 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:

The injured worker is a 64-year-old female was reportedly injured on August 18, 1995. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated January 16, 2014, was difficult to read and indicated there were ongoing complaints of low back pain radiating to the right leg. Current medications were stated to include OxyContin, Norco, and Protonix. The physical examination demonstrated decreased sensation in the right lower extremity. There were diagnoses of lumbar spondylosis, lumbar radiculitis, and lumbar degenerative disc disease. The treatment plan recommended continuation with a home exercise program, refilled existing medication, and a right lumbar transforaminal epidural steroid injection. An MRI of the lumbar spine demonstrated an L5-S1 broad-based disc protrusion probably touching the left exiting L5 nerve root. Previous treatment included a lumbar radiofrequency neurotically, two lumbar epidural steroid injections, as well as physical therapy. A request was made for transforaminal right sided lumbar epidural steroid injections and was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR TRANSFORAMINAL EPIDURAL L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Epidural steroid injections Page(s): 46 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend no more than two epidural steroid injections. There is little evidence that these injections improve function, provide long-term pain relief or decrease the need for surgery. According to the attached medical record, there is no objective evidence of a significant improvement from the two previous epidural steroid injections including reduction in medication usage or ability to return to work. During this time period, narcotic medications continued to be refilled. Therefore, this request for a lumbar epidural steroid injection is not medically necessary.