

Case Number:	CM14-0014894		
Date Assigned:	02/28/2014	Date of Injury:	05/23/2011
Decision Date:	06/27/2014	UR Denial Date:	01/27/2014
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 Physical Medicine and Rehabilitation 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 61-year-old female who reported an injury on 05/23/2011. There is a note dated 01/20/2014 indicating the patient was seen for a clinical evaluation. The patient was complaining of pain and numbness in her right leg. She rated her pain score at a 7/10. The objective findings included the patient appearing to be in moderate distress. The physician recommends 1 more transforaminal lumbar epidural injection to her right side. An MRI of the lumbar spine dated 02/17/2002 indicated borderline grade 1 spondylolisthesis of L3-4, very minimal protrusion of the L3-4 disc with hypertrophy, minimal stenosis at L4-5, degenerative changes of the facet, most pronounced at L3-4 and L4-5 and to a lesser degree, L5-S1. The patient had an ESI for said symptoms on 07/10/2012. It was noted to not have been effective and this was followed by a second ESI on 08/14/2012, which she reported did not give her any relief. The assessment included intractable lower back and leg pain, status post work related injury, right lumbar radiculopathy, injury to the right shoulder, and uncontrolled blood pressure. The treatment plan included the medication Ultram and also blood work up prior to subjecting the patient to a requested transforaminal lumbar epidural on the right side. The documents submitted for review do not include a Request for Authorization for medical treatment. The request submitted for transforaminal lumbar epidural on the right side rationale is due to patient's complaints of pain and numbness in her right leg. The request for lab work including CBC, CMP, thyroid, lipid, HB A1C is to be performed prior to procedure and the rationale for that request is documented that the patient has not had recent blood workup. The documentation includes the following statement regarding blood work, "This will avoid major complications of the procedure."

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR EPIDURAL ON THE RIGHT SIDE: 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 Epidural Steroid Injections, Page(s): page(s) 46.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that epidural steroid injections are recommended as an option for treatment of radicular pain. The MTUS guidelines recommend no more than 2 ESI injections. Research has now shown on average less than 2 injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Upon assessment, the employee has documented right lumbar radiculopathy; however the employee also has documentation of 2 prior ESIs dated 07/10/2012 and 08/14/2012 with no relief documented. Due to the ineffectiveness of the prior 2 ESIs, the request for a current transforaminal lumbar epidural on the right side is not supported. Also, the request as submitted failed to provide the level(s) of the requested ESI. The request for a transforaminal lumbar epidural on the right side is not medically necessary and appropriate.

LAB WORK INCLUDING CBC, CMP, THYROID, LIPID, HB A1C (TO BE PERFORMED PRIOR TO PROCEDURE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.