

Case Number:	CM14-0015396		
Date Assigned:	02/28/2014	Date of Injury:	03/30/2004
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 62 year old female who is reported to have sustained work related injuries on 03/30/04. The record indicates that the injured worker sustained a slip and fall. This ultimately resulted in the performance of a lumbar fusion. The date of surgery is not documented. The clinical records note that she has undergone a lumbar epidural steroid injection on 01/18/13 with improvement in symptoms. The record notes an MRI of the lumbar spine performed on 09/14/12. This study notes a 3mm concentric posterior disc bulge at L2-3 with moderately severe bilateral foraminal stenosis. A laminectomy is noted. At L3-4, there is a laminectomy and fusion. Instrumentation is in good position. There is a 4mm anterior subluxation of L3 relative to L4 resulting in mild bilateral foraminal stenosis with no central canal stenosis. At L4-5, there is disc desiccation. Status post laminectomy and fusion which appears to be solid. A postoperative seroma is noted in the superficial fascia which measures 5cm x 2cm x 7cm. Mild bilateral foraminal stenosis is noted with no central canal stenosis. At L5-S1, there is a 3mm concentric posterior disc bulge and disc desiccation facets and ligamentum flavum hypertrophy with moderate bilateral foraminal stenosis. The record notes an EMG/NCV study dated 09/26/13 which is reported as normal. Per clinical note dated 12/16/13, the injured worker complaints of low back and right leg pain. She continues to have moderate to severe low back pain radiating into the right leg. On examination, there is pain in the low back increased with lumbar extension. There is tenderness of the paraspinal musculature. Motor examination was diminished in right knee flexion, right knee extension, and right foot dorsa flexion graded as 4+/5. Sensory examination was diminished in the right L4, L5, and S1 dermatomes. Deep tendon reflexes were diminished in the right patella. A prior utilization review determination notes that the injured worker underwent a 2nd set of selective nerve root epidural steroid injections with no documented relief. The record contains a utilization review

determination dated 01/21/14 in which a request for right lumbar L4, L5, and S1 selective nerve root epidural steroid injections were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LUMBAR L4, L5, AND S1 SELECTIVE NERVE ROOT EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, 46

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

Decision rationale: MTUS Guidelines requires documentation of 50-70% relief for a period of 8 weeks or greater to establish the medical necessity for repeat injections. As the record infers that the injured worker received no benefit from a 2nd series of injections, a 3rd series would not be supported. Per the submitted clinical record, the injured worker sustained an injury to her low back which resulted in the performance of a fusion procedure. She has chronic complaints of low back pain with radiation into the right lower extremity. The record suggests that the injured worker has previously undergone right lumbar L4, L5, and S1 selective nerve root blocks in the past. The initial set of injections were reported to have provided substantive relief for a period of 6 months. Per the submitted records, the injured worker has undergone a 2nd series of blocks at this level with no relief. The record further contains an EMG/NCV study which found no evidence of lower extremity radiculopathy. It would appear that this study was performed postoperatively. The request for right lumbar L4, L5, and S1 selective nerve root epidural steroid injections under fluoroscopy are not supported as medically necessary.