

Case Number:	CM14-0110234		
Date Assigned:	08/01/2014	Date of Injury:	03/07/2011
Decision Date:	09/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 33-year-old female who reported an injury on 03/07/2011. The mechanism of injury was not provided. The prior treatments were noted to include injections, physical therapy, and medications. The documentation of 05/23/2014 revealed the injured worker had complaints of pain in the back. The injured worker indicated the pain radiated into the left leg and numbness and paresthesias were noted. Weakness was noted as well. The documentation indicated the injured worker had tried ice, heat applications, NSAIDs, and previous lumbar epidural steroid injections as well as a spinal cord stimulator. The surgical history revealed lumbar spine fusions x 2. The medications were noted to be Ultram 50 mg 1 tablet every 4 hours. The physical examination revealed the injured worker had paralumbar spasms and tenderness to palpation on the left. There was atrophy in the quadriceps. The straight leg raise was positive at 40 degrees on the left. Range of motion of the lumbar spine was decreased due to pain. The lower extremity deep tendon reflexes were absent at the knees. Sensation to light touch was decreased on the left in the lateral thigh and motor strength of the lower extremities measured 5/5. The diagnoses included low back pain, lumbar disc displacement, lumbar radiculopathy, and postlaminectomy syndrome of the lumbar region. The treatment plan included an epidural steroid injection with IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar epidural steroid injection Quantity 1: 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective functional improvement and documentation the injured worker had a decrease in pain of 50% and a decrease in medication intake for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker had a previous epidural steroid injection. However, there was a lack of documentation indicating the quantity of epidural steroid injections. There was a lack of documentation indicating the above criteria. Given the above, the request for L4-5 lumbar epidural steroid injection quantity 1 is not medically necessary.

Monitored anesthesia care Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC pain procedures.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

epidurography Quantity 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epub 2010 May 29. Caudel epidurals. - Source Spinal surgery service.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.