

Case Number:	CM14-0118037		
Date Assigned:	08/06/2014	Date of Injury:	01/15/1998
Decision Date:	09/11/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 67 year old female was reportedly injured on January 15, 1998. The mechanism of injury is undisclosed. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of low back pain radiating to the right and left leg as well as neck pain. Current medications include Neurontin, Lidoderm, and Norco. The physical examination demonstrated moderately decreased cervical spine range of motion secondary to pain. There was tenderness noted over C6 and C7. There was also a positive Spurling's test to the right side, lumbar spine also noted mild tenderness and decreased range of motion with pain, and positive right sided straight leg raise test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment is unknown. A request was made for a transforaminal epidural steroid injection first level, three visits biweekly, transforaminal epidural steroid injection second level, three visits biweekly, and fluroscopy, epidurogram, and Kenalog 10 milligrams injection three visits biweekly and was not certified in the preauthorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection - 1st level, 3 visits / bi-weekly: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for epidural steroid injections includes documentation of radiculopathy on physical examination is corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note dated July 15, 2014, there are no physical examination findings of radiculopathy. Furthermore this request does not specify which levels to be injected. Furthermore the guidelines do not support biweekly injections. For these multiple reasons this request for transforaminal epidural steroid injection first level, three visits, biweekly is not medically necessary.

1 Transforaminal Epidural Steroid Injection - 2nd level, 3 visits / bi-weekly: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for epidural steroid injections includes documentation of radiculopathy on physical examination is corroborated by imaging studies and/or electrodiagnostic testing. According to the progress note dated July 15, 2014, there are no physical examination findings of radiculopathy. Furthermore this request does not specify which levels to be injected. Furthermore the guidelines do not support biweekly injections. For these multiple reasons this request for transforaminal epidural steroid injection second level, three visits, biweekly is not medically necessary.

Fluroscopy, epidurogram, and Kenalog 10mg injection 3 visits / bi-weekly: Upheld

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

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

Decision rationale: As the accompanying request for epidural steroid injections have been determined not to be medically necessary, so is this request for fluoroscopy, epidurogram, and Kenalog injections for three visits biweekly.