

Case Number:	CM14-0135751		
Date Assigned:	08/29/2014	Date of Injury:	07/25/2011
Decision Date:	10/03/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 46 year old female who reported an injury on 07/25/2011 when stopping a large child from running through the gate. The injured worker was diagnosed with chronic pain syndrome, lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, myalgia, and myositis. The injured worker was treated with medications and injections. The injured worker had an unofficial MRI noted 3 years prior on the emergency room report dated 07/31/2014. The clinical note dated 08/05/2014 noted the injured worker complained of a flare-up of back pain rated 10/10 with shooting pain towards the groin bilaterally. The injured worker had a positive straight leg raise bilaterally in a seated position at 30 degrees. Upon palpitation the paravertebral muscles were tight with a twitch response and radiating pain on both sides, and decreased sensation to the anterolateral thighs in an L2 distribution. The injured worker was prescribed cyclobenzaprine 7.5mg three times a day as needed, norco 10/325mg every 4-6 hours as needed, omeprazole 20mg twice a day, and Zofran 8mg once a day as needed noted on clinical note dated 08/05/2014. The treatment plan was for Bilateral Transforaminal Epidural Steroid Injection at the L2 and L3 levels under fluoroscopy and sedation between 08/07/2014 and 09/21/2014. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injection at the L2 and L3 levels under fluoroscopy and sedation between 8/7/2014 and 9/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Epidural steroid injections (ESIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Page(s): 46..

Decision rationale: The injured worker is a 46 year old female who reported an injury on 07/25/2011 when stopping a large child from running through the gate. The injured worker was diagnosed with chronic pain syndrome, lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, myalgia, and myositis. The injured worker was treated with medications and injections. The injured worker had an unofficial MRI noted 3 years prior on the emergency room report dated 07/31/2014. The clinical note dated 08/05/2014 noted the injured worker complained of a flare-up of back pain rated 10/10 with shooting pain towards the groin bilaterally. The injured worker had a positive straight leg raise bilaterally in a seated position at 30 degrees. Upon palpitation the paravertebral muscles were tight with a twitch response and radiating pain on both sides, and decreased sensation to the anterolateral thighs in an L2 distribution. The injured worker was prescribed cyclobenzaprine 7.5mg three times a day as needed, norco 10/325mg every 4-6 hours as needed, omeprazole 20mg twice a day, and Zofran 8mg once a day as needed noted on clinical note dated 08/05/2014. The treatment plan was for Bilateral Transforaminal Epidural Steroid Injection at the L2 and L3 levels under fluoroscopy and sedation between 08/07/2014 and 09/21/2014. The rationale for the request was not indicated in the medical records. The request for authorization was not submitted for review.