

Case Number:	CM14-0039842		
Date Assigned:	06/27/2014	Date of Injury:	08/07/2007
Decision Date:	07/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 Interventional Spine 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 patient is a 57-year-old female with a date of injury of 08/07/2007. The listed diagnoses are spinal stenosis, spondylolisthesis, disk displacement, lateral epicondylitis, carpal tunnel syndrome, rotator cuff syndrome, hypermobility syndrome, depression, benign hypertension, psychosexual dysfunction, persistent insomnia, disk disease of the cervical and thoracic spine, lumbosacral neuritis, pain in thoracic spine, lumbago, joint pain shoulder, arm, and leg, abnormality of gait and arthropathy, NOS. This a retrospective request for transforaminal epidural injection x2, anesthesia, fluoroscopic examination and medical supplies and solutions. Date of service is 01/04/2011. The medical file provided for review does not include an operative report or request for authorization for this request. There are no progress reports from 2011. There are two supplemental AME reports both from 2013, neither reference ESI from 01/04/2011. MRI from 01/09/2012 revealed 3.3-4mm disc protrusion. An Updated MRI of the lumbar spine from 03/19/2014 revealed L5-S1 3-mm right foraminal disk protrusion. L4-L5 has grade 1 to 2 anterolisthesis. L3-L4 has 4-mm disk protrusion. This is a retrospective request for transforaminal epidural injection, fluoroscopic examination, anesthesia, medical supplies and solutions x2. The utilization review denied the request on 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two transforaminal Epidural injections to the lumbar spine under fluoroscopic guidance:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

Decision rationale: This patient presents with chronic neck and low back pain. This a retrospective request for transforaminal epidural injection of the lumbar spine. The California MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. For repeat injections during therapeutic phase continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with general recommendation of no more than 4 blocks per year. The medical file provided for review does not provide any progress reports from 2011 or 2012. A review of the medical records does indicate the patient underwent a Lumbar epidural injection at levels of L4, L5 and S1 for the right side on 11/23/2010. The provider does not provide documentation of pain and functional improvement from this injection. California MTUS requires at least 50% pain reduction with documented reduction of medication to consider a repeat injection. In addition, the patient appears to have been provided with a series of two injections from 1/4/11 and California MTUS recommends doing one injection at a time. The retrospective request for ESI's from 01/04/2011 is not recommended.

Anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

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

Medical Supplies and IV solutions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI's Page(s): 46, 47.

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