

Case Number:	CM14-0040610		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2008
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 43 year old male who was injured on 04/16/2008. The mechanism of injury is unknown. Prior treatment history has included aqua therapy and physical therapy. The patient underwent right lumbar L4-L5, LS-51 transforaminal epidural injection on 12/3/2013. He also underwent right lumbar L4-L5 and L5-S1 transforaminal epidural steroid injection and myelogram on 7/24/2012. There are no subjective and objective findings submitted for review other than progress notes documented in the prior utilization review dated 03/04/2014. It indicates the patient has a diagnosis of depression and severe psychosis on a note dated 02/20/2014. A prior utilization review dated 03/04/2014 states the request for unknown facet block injections and unknown epidural steroid injections was not authorized as there was a lack of evidence showing functional improvement and medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Facet Block Injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The medical records provided for review is very limited and there is no documentation of a detailed history and physical examination; i.e. facet tenderness, limitation in the lumbar ROM or previous / current physical therapy. Furthermore, the requested levels are unknown. Therefore, the request is considered not medically necessary due to lack of documentation.

Unknown Epidural steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain treatment guidelines Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines indicate the purpose of ESI's is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The submitted clinical information is very limited and there is no documentation of least 50% pain relief with associated reduction of medication use for six to eight weeks with prior epidural blocks. Furthermore, the requested levels are unknown. Therefore, the request is not medically necessary and appropriate.