

Case Number:	CM14-0051105		
Date Assigned:	09/03/2014	Date of Injury:	02/25/2005
Decision Date:	10/10/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 48-year-old gentleman was reportedly injured on February 25, 2005. The most recent progress note, dated March 14, 2014, indicates that there are ongoing complaints of low back pain and left arm pain. The physical examination demonstrated a positive Spurling's test with decreased sensation at the left arm and the C6 distribution. Examination of the lumbar spine revealed decreased sensation at the right posterior and lateral thigh. There was a positive right-sided straight leg raise test at 60 and myofascial trigger points. Diagnostic imaging studies of the lumbar spine showed disk bulges at L4 - L5 and L5 - S1. An MRI the cervical spine showed a disc bulge at C5 - C6 with stenosis. Previous treatment includes physical therapy and a lumbar epidural steroid injection. A request had been made for a transforaminal lumbar epidural steroid injection on the right side at L4 - L5 and L5 - S1 and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at the right L4-L5, L5-S1 under fluoroscopic guidance, QTY: 1 injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, in the therapeutic phase, repeat lumbar epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication usage for 6 to 8 weeks time. A review of the attached medical record indicates that the injured employee had received a prior lumbar spine epidural steroid injection on October 7, 2013, which resulted in 60 to 75% pain relief until one month later on November 8, 2013, according to the progress note on that date. As such, this request for a second lumbar transforaminal epidural steroid injection on the right-sided L4 - L5 and L5 - S1 under fluoroscopic guidance is not medically necessary.