

Case Number:	CM14-0056858		
Date Assigned:	07/09/2014	Date of Injury:	09/27/2001
Decision Date:	09/30/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 underlying date of injury in this case is 09/27/2001. The patient's diagnosis is chronic back pain and left leg pain status post fusion at L4-5 and L5-S1. The patient was seen in pain management followup 04/02/2014 and noted an increase in muscle spasms to the legs, mostly at night. An MRI was reviewed of 10/03/2012 which showed the patient's past fusion and also showed mild neuroforaminal narrowing at L3-4 and grade 1 retrolisthesis at L2-3. On exam, there were no neurological deficits noted. The patient reported low back pain radiating to her legs, worse on the left. The patient was noted to have a lumbar postlaminectomy syndrome. Continued medications and exercise were recommended, with consideration of further injections if the patient were refractory to that treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left TFE (transforaminal epidural) injection at L2-3, and L3-4 (lower back) x 1 as an outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, note that radiculopathy needs to be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. This guideline also recommends that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including 50% pain relief and associated reduction in medication use. Overall, the medical records do not meet either of these criteria for either initial or repeat epidural injections. The patient does not clearly have clinical findings which corroborate the presence of a radiculopathy at a particular level. Moreover, the medical records do not discuss results from past injections to support an indication for repeating such treatment. The request at this time for epidural injections is not supported by the treatment guidelines. This request is not medically necessary.