

Case Number:	CM14-0059155		
Date Assigned:	07/09/2014	Date of Injury:	12/15/1997
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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:

Patient is a 71 year-old male with date of injury 12/15/1997. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/17/2014, lists subjective complaints as pain in the lumbar spine. Objective findings: Examination of the lumbar spine revealed tenderness to palpation over the upper, mid, and lower paraspinal muscles. Range of motion is restricted with pain. Straight leg raising and rectus femoris stretch sign did not demonstrate any nerve irritability. There was no sacroiliac joint r sacroiliac notch tenderness. Fabere's sign was negative. Diagnosis: 1. Status post left ulnar nerve decompression and transposition 2. Bilateral cubital tunnel syndrome/epicondylitis 3. Bilateral carpal tunnel syndrome, wrist tendonitis and degenerative joint disease of the wrists 4. Lumbar radicular syndrome 5. Lumbar disc protrusion with degenerative retrolisthesis. Patient is status post L3-L4 and L4-L5 lumbar transforaminal epidural steroid injection on 03/05/2014. Patient states the injection provided complete relief for about one week but now the pain is returning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat transforaminal epidural injection L3-4, L4-5 bilaterally under fluoroscopy and anesthesia to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the MTUS, a criteria for repeat LESI (lumbar epidural steroid injection) is continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Although the patient did receive good relief from the previous injection, the medical record states that relief was for only one week. Based on the guidelines, the request for repeat transforaminal epidural injection L3-4, L4-5 bilaterally under fluoroscopy and anesthesia to the lumbar spine is not medically necessary.