

Case Number:	CM14-0066569		
Date Assigned:	07/11/2014	Date of Injury:	09/05/2007
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/09/2014

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 Pain Management 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:

This is a patient with a date of injury of 9/5/07. A utilization review determination dated 4/23/14 recommends non-certification of bilateral transforaminal LESI L4-5 and L5-S1, IV sedation, lumbar myelography, and lumbar epidurogram. 6/5/14 medical report identifies pain 5.5-6/10. Norco brings pain down to 4. Chiropractic therapy for the back in the past was helpful with loosening back stiffness and allowing him to move around better. He estimates about 40% relief. The provider referenced lumbar MRI and EMG, both from 2011. On exam, no abnormal findings were noted. Recommendations included a supervised weight loss program, CBT, and medications. 5/1/14 medical report identifies low back and RLE pain with numbness and tingling along the RLE into the bottom of the foot. On exam, there is decreased sensation in the medial aspect of the foot, dorsal surface of hallux, and proximal lateral calf. Patella reflexes are intact and equal, Achilles depressed bilaterally, strength decreased in BLE against resistance, although difficult to accurately assess due to pain. Positive straight leg raise on right in sitting position. Weight bearing lumbar MRI from 2012 was referenced, noting L5-S1 disc protrusion displacing and may be impinging on the S1 nerve roots in the lateral recess, more on the left than on the right. L4-5 mild foraminal narrowing. Patient had lumbar ESI 9/2013 with 40-50% relief for more than one month. He could sleep better and had overall improvement in function (this was not further specified). The provider noted that, upon review of the medication history, there was a decrease in medication use with Norco and Nabumetone, but the specific amount of reduction was not noted. He was said to be using them intermittently as needed. 1/31/14 utilization review report notes that prior ESI provided 40-50% relief for one month with no significant increase in function or reduction in medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Myelography: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back.

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

Decision rationale: Regarding the request for Lumbar Myelography, as the Bilateral Transforaminal Lumbar Epidural Steroid Injection is not medically necessary, this request for is also not medically necessary.

lumbar epidurogram: 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 Epidural steroid injections Page(s): 46 OF 127.

Decision rationale: Regarding the request for Lumbar Epidurogram, as the Bilateral Transforaminal Lumbar Epidural Steroid Injection is not medically necessary, this request is also not medically necessary.

IV sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, epidural steroid injections.

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

Decision rationale: Regarding the request for IV sedation, as the Bilateral Transforaminal Lumbar Epidural Steroid Injection is not medically necessary, this request is also not medically necessary.

Bilateral transforaminal lumbar epidural steroid injection: Upheld

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

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

Decision rationale: Regarding the request for Bilateral Transforaminal Lumbar Epidural Steroid Injection, Chronic Pain Medical Treatment Guidelines state that "epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy." Regarding repeat epidural injections, guidelines state that "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, with a general recommendation of no more than 4 blocks per region per year." Within the documentation available for review, the patient had prior ESI, but the pain relief, functional improvement, and decreased medication usage did not last at least six weeks at 50%, as recommended by the CA MTUS. Furthermore, the current symptoms/findings are somewhat nonspecific and there is also no clear rationale for Bilateral Transforaminal Injections for a patient with unilateral symptoms/findings. In the absence of clarity regarding the above issues, the currently requested Bilateral Transforaminal Lumbar Epidural Steroid Injection is not medically necessary.