

Case Number:	CM14-0068956		
Date Assigned:	07/14/2014	Date of Injury:	11/22/1996
Decision Date:	12/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/13/2014

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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:

According to the records made available for review, this is a 49-year-old female with an 11/22/96 date of injury. At the time (5/6/14) of Decision for Re-repeat transforaminal epidural steroid injection bilateral L3-L4 and MILD procedure (minimally invasive lumbar laminotomy with decompression at L-3-4 and L4-5, there is documentation of subjective (low back pain radiating to the bilateral lower extremities) and objective (antalgic gait, tenderness to palpitation over the paravertebral regions at L3-L4, L4-L5 and L5-S1, restricted range of motion of the lumbar spine, and positive straight leg raise) findings, current diagnoses (herniated lumbar disc and lumbar disc disorder), and treatment to date (lumbar epidural steroid injection and medications). Medical reports identify that there was 50-60% relief of pain for 8 weeks with the previous epidural injection. Regarding Re-repeat Transforaminal Epidural Steroid Injection bilateral L3-L4, there is no documentation of decreased need for pain medications and functional response following previous steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-repeat transforaminal epidural steroid injection bilateral L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of herniated lumbar disc and lumbar disc disorder. In addition, given documentation of 50-60% relief of pain for 8 weeks with the previous epidural injection, there is documentation of documentation of at least 50-70% pain relief for six to eight weeks. However, there is no documentation of decreased need for pain medications and functional response following previous steroid injection. Therefore, based on guidelines and a review of the evidence, the request for Re-peat Transforaminal Epidural Steroid Injection bilateral L3-L4 is not medically necessary.

MILD procedure (minimally invasive lumbar laminotomy with decompression at L-3-4 and L4-5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Discectomy/laminectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Low Back, MILD (Minimally Invasive Lumbar Decompression)

Decision rationale: MTUS does not address this issue. ODG identifies that MILD (minimally invasive lumbar decompression) procedure is not recommended. Therefore, based on guidelines and a review of the evidence, the request for MILD procedure (minimally invasive lumbar laminotomy with decompression at L-3-4 and L4-5 is not medically necessary.