

Case Number:	CM14-0076105		
Date Assigned:	07/16/2014	Date of Injury:	03/16/2002
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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 51-year-old male was reportedly injured on March 16, 2002. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 12, 2014, indicated that there were ongoing complaints of low back pain with numbness in the left foot. Current medications were stated to include Zonegran, Zanaflex, Tramadol, Pepcid, Glucosamine/Chondroitin, Norco, Neurontin, Motrin, and Colace. A 10% pain relief was reported to be achieved with narcotic medications. The physical examination demonstrated tenderness and spasms along the lumbar spine as well as the left piriformis region. There was decreased sensation at the right L5 nerve distribution. Diagnostic imaging studies reported severe L4-L5 spinal stenosis and right sided L4-L5 foraminal stenosis. Previous treatment included previous epidural steroid injections. A request had been made for a right sided L4-L5 epidural steroid injection and a trial of a dorsal column stimulator and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections should not be considered, unless there was at least 50% pain relief for 6 to 8 weeks time from a prior injection. The attached medical record did not indicate that this kind of efficacy was achieved from a prior injection. Therefore, this request for a right sided L4-L5 transforaminal epidural steroid injection is not medically necessary.

Trial of the Dorsal Column Stimulator (DCS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-107.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of a dorsal column stimulator is only indicated when other less invasive procedures have failed and for those individuals with a diagnoses of failed back surgery syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, multiple sclerosis or peripheral vascular disease. The injured employee did not have any of these diagnoses. For these reasons, this request for a trial of a dorsal column stimulator is not medically necessary.