

Case Number:	CM14-0105678		
Date Assigned:	09/16/2014	Date of Injury:	10/10/2012
Decision Date:	03/16/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 54-year-old female who reported an injury on 10/10/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of acquired spondylolisthesis, spondylosis of lumbosacral and sciatica. Past medical treatment consists of epidural steroid injections, therapy and medication therapy. Medications include hydrocodone bit/APAP 10/325 and Lidoderm 5% patches. On 07/29/2014, the injured worker underwent lumbar epidural steroid injection at L4-5 and L5-S1. It was indicated on 09/02/2014 that the injured worker was still being observed for how much long term relief she would get from the injection. There are no measurable pain levels documented. No diagnostics were submitted for review. There are no subjective or objective physical findings in the report. Additionally, there was no rationale or Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right transforaminal lumbar epidural steroid injection at L5 and S1: Upheld

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

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

Decision rationale: The request for outpatient right transforaminal lumbar epidural steroid injection at L5 and S1 is not medically necessary. The California MTUS Guidelines recommend for repeat epidural steroid injection, that there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. The guidelines further recommend that there must be documented radiculopathy with corroboration of imaging studies and/or electrodiagnostic testing. The submitted documentation indicated that the injured worker underwent a lumbar epidural steroid injection on 07/29/2014; however, the efficacy of the injection was not submitted for review, nor was there any indication of the injured worker having at least 50% pain relief with associated reduction of medications. Additionally, there were no objective physical findings in the follow-up report dated 09/02/2014. Given the above, the injured worker is not within the MTUS recommended guideline criteria. As such, the request for lumbar epidural steroid injection is not medically necessary.

Lumbar epidurogram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Intravenous sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Fluoroscopic guidance and contrast dye to be done at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.