

Case Number:	CM14-0194305		
Date Assigned:	12/02/2014	Date of Injury:	01/24/2008
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family 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:

The injured worker is a 59 year old female who suffered an unknown work related injury on 01/24/08. Her diagnoses include post laminectomy pain syndrome, lumbar sciatica and drug dependence. She underwent a L5-S1 microdiscectomy in 2008 per the Utilization Review. Per the physician notes from 07/08/2014, she complains of back and leg pain, especially leg cramps at night. Low back pain is described as dull, nagging, stinging and throbbing at 7/10 and is aggravated by physical activities and lying on the affected side. Massage therapy, heat, ice, and home exercise have improved symptoms. Acupuncture and physical therapy did not affect the symptoms. Nerve stimulation therapy worsened her symptoms. Medications include Cyclobenzaprine, Meloxicam, Oxycodone, and Valtrex. The requested treatments include selective nerve root block at left S1, steroid injection at L5-S1, and sedation for the procedure. On 11/06/14 these treatments were denied by Utilization Review and were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Selective Nerve Root Block at Left S1 x3: 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 Page(s): 46.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. According to medical records, there is no documentation of improvement. Therefore, this request is not medically necessary.

Steroid injection with Dexamethasone 1mg at Left S1 x3: 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 Page(s): 46.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. According to medical records, there is no documentation of improvement. Therefore, this request is not medically necessary.

Midazolam HCL 1mg IV (to be given prior to steroid injection) x3: 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 Page(s): 46.

Decision rationale: Since the steroid injections are not medically necessary, the requested associated service for Midazolam HCL 1mg IV (to be given prior to steroid injection) is not medically necessary.