MAXIMUS Federal Services

Case Number:	CM15-0109849		
Date Assigned:	06/16/2015	Date of Injury:	06/03/2013
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 37 year old female who reported an industrial injury on 6/3/2013. Her diagnoses, and/or impressions, are noted to include: lumbar radiculitis/radiculopathy; post-laminectomy syndrome of the lumbar spine - failed; and long-term use of medications. No current imaging studies are noted. Her treatments have included consultations; diagnostic studies; lower back surgery (2/1014); 2 lumbar epidurals; trigger point injections in her low back (2/2015) followed by an emergency room visit for progressive throat swelling and itchiness (5 days later); lumbar brace; acupuncture therapy; chiropractic therapy; massage therapy; bed rest; ice therapy; medication management with recommended changes; and rest from work. The progress notes of 5/7/2015 noted chief complaints of medication management and presenting with her usual and familiar pain which included lower back pain that radiated down the right lower extremity, associated with numbness/tingling, aggravated by activities, and improved by 25% with current medications. Objective findings were noted to include that she was tearful, appearing uncomfortable due to pain; and tenderness over the bilateral lumbar para-spinal musculature. The physician's requests for treatments were noted to include the recommended right lumbosacral transforaminal selective nerve root injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal selective nerve root injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: Right L5-S1 transforaminal selective nerve root injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that in the therapeutic phase, 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. The documentation indicates that the patient has had prior lumbar epidural steroid injections but there is no indication that these provided significant pain relief or reduction of medication for 6-8 weeks therefore this request is not medically necessary.