

Case Number:	CM14-0007998		
Date Assigned:	02/12/2014	Date of Injury:	07/17/2006
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 Texas. 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 49 year old male who reported an injury to his low back. CT myelogram completed on 07/09/13 revealed a previous fusion at L4-5 and L5-S1. Left sided degenerative posterior inferior lateral spondylosis was identified at L5-S1. Mild left sided inferior neural foraminal stenosis was further revealed. The clinical note dated 12/02/13 indicates the injured worker able to demonstrate 30 degrees of lumbar flexion, 20 degrees of extension and 25 degrees of bilateral rotation. No strength deficits are identified in the lower extremities at that time. The clinical note dated 12/16/13 indicates the injured worker complains of radiating pain into the left leg all the way to the foot. The injured worker rated the pain as 7-9/10. The injured worker stated that he had been working as a custodian when a bookshelf fell on him and landed on his back. The injured worker subsequently underwent a fusion in 2008 with hardware removal in 2010. The note indicates the injured worker having failed all conservative treatment including physical therapy as well as a spinal cord stimulator. The clinical note dated 01/27/14 indicates the injured worker demonstrated slightly decreased range of motion particularly in flexion, side bending and rotation. Muscle tightness was identified at all extremes of motion. 4+/5 strength was identified on the right with the exception of great toe extension which was 4/5. Decreased reflexes are identified at the Achilles bilaterally. The note indicates the injured worker utilized Opana and Cymbalta for pain relief. The clinical note dated 01/16/14 indicates the injured worker rated his low back pain as 5/10. The current medication regimen was providing some benefit. The utilization review dated 01/13/14 resulted in a denial for an L5-S1 transforaminal injection on the left as no information had been submitted regarding the injured worker's response to the most recent lumbar injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TRANSFORAMINAL INJECTION LEFT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The request for L5-S1 transforaminal injection on the left is not medically necessary. The documentation indicates the injured worker having a long history of low back complaints. There is an indication in the clinical notes regarding the injured worker's previous injections in the lumbar region; however, no information was submitted regarding the types of injections or the injured worker's response. No objective data was submitted regarding the injured worker's status following any of the injections. Therefore, it is unclear if the injured worker would respond appropriately to a transforaminal injection of the lumbar region at this time. Therefore, this request is not indicated as medically necessary.