

Case Number:	CM14-0128583		
Date Assigned:	08/15/2014	Date of Injury:	06/15/2003
Decision Date:	09/19/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and 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 injured worker is a 42 year old female whose date of injury is 06/15/2003. The mechanism of injury is described as lifting at work. Treatment to date includes three surgical procedures including L3 to L5 fusion. Electromyogram/nerve conduction velocity dated 07/03/12 revealed evidence of mild chronic L5 radiculopathy on the left. Progress report dated 06/24/14 indicates that the injured worker complains of low back pain radiating into the bilateral lower extremities. On physical examination gait is within normal limits. Motor strength is 5/5 throughout. Diagnoses are lumbar disc displacement, postlaminectomy syndrome of lumbar region, lumbar radiculopathy, low back pain and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 Transforaminal Steroid Injection inclusive of monitored anesthesia care and epidurography: 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 injection Page(s): 46.

Decision rationale: There is no documentation of any recent active treatment. The injured worker's physical examination fails to establish the presence of active lumbar radiculopathy as required by California Medical Treatment Utilization Schedule guidelines. There is no documentation of extreme anxiety or needle phobia submitted for review to support the need for monitored anesthesia care. There is no documentation of inability of the injured worker to maintain appropriate positioning, documented allergy to local anesthetics or technically difficult procedure resulting from anatomic variation or abnormal body habitus. Based on the clinical information provided, the request for left L4-5 and L5-S1 transforaminal steroid injection inclusive of monitored anesthesia care and epidurography is not recommended as medically necessary.