

Case Number:	CM14-0130179		
Date Assigned:	08/18/2014	Date of Injury:	12/08/1999
Decision Date:	09/24/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/13/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55 year old female who reported an injury on 12/08/1999. The mechanism of injury was not provided. The injured worker had diagnoses including degeneration of lumbar disc, sciatica, and post fusion syndrome of the lumbar spine. Past treatment included epidural steroid injections and surgeries Diagnostic testing included a CT of the lumbar spine on 05/15/2012, x-rays of lumbar spine, and an MRI of the lumbar spine on 08/27/2010. The injured worker had multiple lumbar spine surgeries and a lumbar fusion revision of hardware removal secondary to a broken rod. The clinical note dated 09/02/2014 noted the injured worker complained of back pain and burning leg pain. Physical examination revealed normal gait, decreased sensation in the dermatome left S1, straight leg raise positive on left, spasm and guarding is noted lumbar spine. Medications included Lyrica 50mg tab, Voltaren 1% gel, and Norco 10-325mg tab. The treatment plan was for transforaminal lumbar epidural steroid Injections for left S1. The rationale for the request was not provided. The request for authorization form was submitted on 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Steroid Injection for left S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The request for transforaminal lumbar epidural steroid injection for left S1 is not medically necessary. The California MTUS guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines indicate 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, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted for review indicates that the injured worker has had prior epidural steroid injections; however, the provided documentation does not indicate the levels at which prior injections were performed. There is a lack of documentation indicating whether the injured worker had at least 50% pain relief with associated reduction of medication use and improved function for six to eight weeks. There is a lack of documentation indicating the injured worker has significant findings which demonstrate significant neurologic deficit upon physical examination. Therefore, the request for the Transforaminal Lumbar Epidural steroid injection for left S1 is not medically necessary.

Transforaminal Lumbar Epidurogram, Contrast Dye, IV Sedation, Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.