

Case Number:	CM14-0061274		
Date Assigned:	07/09/2014	Date of Injury:	07/13/2001
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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 Orthopedic Surgery 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 54 year old male who is reported to have sustained injuries to his low back as a result of a slip and fall occurring on 07/13/01. The records indicate that the injured worker underwent an L5 to S1 fusion and subsequently has a postlaminectomy syndrome. The submitted clinical records indicate that on 06/21/13 the injured worker underwent an L5 to S1 transforaminal epidural steroid injection. Post procedurally he is reported to have seventy percent relief for approximately five months. A review of serial physical examinations indicates no substantive change. He continues to remain on multiple medications which include fentanyl patch 50 micrograms, Soma 350 milligrams, Percocet 10/325 milligrams, Gabapentin 600 milligrams, Ambien CR 12.5 milligrams, Prozac, medical THC, and medications for nonindustrial conditions. On physical examination he is reported to have restricted lumbar right sacroiliac joint range of motion. There is tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4 to S1 facet joints. Lumbar extension was worse than lumbar flexion. Muscle stretch reflexes are symmetric bilaterally in the lower extremities. Muscle strength is 5/5 in the bilateral lower extremities except 4+/5 right EHL. His examination is noted to be unchanged from the previous visit. The record contains a utilization review determination dated 04/10/14 in which a request for L5 to S1 transforaminal epidural steroid injection was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection foramen epidural L/S (outpatient): Upheld

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

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

Decision rationale: The submitted clinical records indicate that the injured worker has a failed back surgery syndrome for which he has previously received a transforaminal epidural steroid injection on 06/21/13. The records report that the injured worker received seventy percent relief for five months. However, a review of the serial clinical notes shows no evidence of functional improvements, or response in the immediate post procedure follow up notes, or post procedure that it resulted in a reduction in the injured worker's use of oral medications or report of efficacy. As such, there is no objective evidence of nerve root compression supported by imaging studies as required by California Medical Treatment Utilization Schedule (MTUS) guidelines. Therefore, The request is not medically necessary and appropriate.