

Case Number:	CM14-0215797		
Date Assigned:	01/05/2015	Date of Injury:	07/14/1998
Decision Date:	02/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 53 year old female who sustained a work related injury July 14, 1998. According to a chronic pain management treating physician's update, dated October 13, 2014, the injured worker presented with complaints of chronic pain and the pain medication patch getting wet underneath. She is currently using Fentanyl 75mcg/hour and Norco 4 times/day which she feels is not enough for her pain (undescribed) and is requesting more. The physician further documents she has side effects with Fentanyl including swelling and diaphoresis but feels it's her best option. Urine test dated 7/14/2014(not present in case file but other related dates available) is positive for Dilaudid which is consistent at the time. There is a history of thrush with epidural steroid injection according to the injured worker. Activities of daily living are independent, drives self, active smoker and does not use any assisted devices for ambulation. Sleep is disrupted 2-3 times a night secondary to pain. Working diagnoses is documented as; failed back surgery syndrome of the lumbar spine, migraine, left knee osteoarthritis, sacroilitis, anxiety and myofascial spasm. Treatment plan included; trial of Fionose, refill medications and increase Norco; right L5 transforaminal epidural injection with IV conscious sedation due to complaints of right lower extremity pain that is consistent with L5 dermatome, observe for thrush; continue ice/heat and medication safety. Work status is not documented. According to utilization review performed December 19, 2014, (1) transforaminal lumbar epidural injection right L5 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The documentation reveals the injured worker has been receiving Norco without pain relief. There

are no documented clinical findings and/or electro-diagnostic studies/diagnostic studies and or a failed trial of conservative care to support current guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Transforaminal lumbar epidural injection at right L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy. Additionally, although the claimant has previously had an epidural injection, Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the claimant's response to the previous injection is not documented. Therefore, the requested epidural steroid injection is not medically necessary.