

Case Number:	CM15-0068003		
Date Assigned:	04/15/2015	Date of Injury:	11/16/2006
Decision Date:	05/14/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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, who sustained an industrial injury on 11/16/06. She reported initial complaints of low back pain. The injured worker was diagnosed as having chronic pain syndrome; cervicgia; pain in joint shoulder; lumbar disc displacement without myelopathy; lumbar or lumbosacral disc degeneration; lumbago. Treatment to date has included status post lumbar microdiscectomy (2006); physical therapy; epidural steroid injections; medications. Currently, the PR-2 notes dated 2/26/15 indicated the injured worker complains of low back and right lower extremity pain. The pain is rated at 10/10 is described as sharp, shooting and throbbing and is associated with numbness and pins and needles in the right lower extremity. The pain is aggravated by prolonged sitting and standing and relieved with medication. The current medications are noted as helpful: Norco, Soma and atenolol. Prior treatment is documented as surgery, 5 epidural injections which provided 2 weeks of relief; 1 session of physical therapy; spinal cord stimulator; acupuncture and a trial of other pain medications and muscle relaxants. The provider is requesting transforaminal epidural steroid injections (TFESI) at the lumbar spine right L4-5, S1 and a lumbar brace to decrease pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TFESI LUMBAR SPINE RIGHT L4-5, S1: 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 Epidural Steroid Injections Page(s): 46.

Decision rationale: The patient is a 42 year old female with an injury on 11/16/2006. She had a lumbar microdiscectomy in 2006. She had 5 epidural steroid injections which provided two weeks of pain relief. She continues to have lumbar radiculopathy. MTUS, Chronic Pain guidelines for repeat epidural steroid injections include previous efficacy with at least a 50% decrease in pain for 6 to 8 weeks, not some improvement for two weeks as in this case. The patient did not meet MTUS guidelines. The request IS NOT medically necessary.

LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The patient is a 42 year old female with an injury on 11/16/2006. She had a lumbar microdiscectomy in 2006. She had 5 epidural steroid injections which provided two weeks of pain relief. She continues to have lumbar radiculopathy. MTUS, ACOEM notes that "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The requested lumbar brace years after the injury and surgery is not medically necessary.