

Case Number:	CM14-0141821		
Date Assigned:	09/10/2014	Date of Injury:	03/05/2010
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old male who reported an injury on 03/05/2010. The diagnoses included postlaminectomy syndrome of the lumbar region. The surgical interventions included a laminectomy of the lumbar spine. The prior treatments included nerve blocks, surgery, and a TENS unit. The injured worker's medication included OxyContin, Percocet 10/325, Topamax 100 mg twice a day and Cymbalta. The mechanism of injury was the injured worker was struck by a back hoe in the head and neck. The injured worker underwent 2 lumbar fusions, 1 in 2011 and 1 in 2012. The documentation of 08/13/2014 revealed the injured worker had complaints of lumbar of low back pain, left leg pain, headaches and neck pain. In addition to the nerve block, surgery and TENS unit, the injured worker had undergone physical therapy. Physical examination revealed the injured worker had 5/5 strength in the bilateral lower extremities. The sensation was intact in the upper extremities; however, in the lower extremities the sensation was decreased on the left at L4-5 and S1. The reflexes were equal and symmetrical bilaterally in the upper and lower extremities. The injured worker had a positive Patrick's, Gaenslen's, SI joint distraction bilaterally, positive trigger points in the lumbar spine and cervical thoracic spine and positive facet loading in the lumbar region bilaterally. The greater occipital nerve examination revealed tenderness bilaterally. The diagnoses included lumbar postlaminectomy syndrome and lumbar facet arthropathy without myelopathy as well as lumbar radiculopathy secondary to disc herniation without myelopathy. The treatment plan included a left L5 and S1 transforaminal epidural steroid injection to help with radiculopathy flare up. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left L5 and S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

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

Decision rationale: The California MTUS Guidelines recommended epidural steroid injections when there is documentation of an objective findings upon physical examination that are corroborated by electrodiagnostic and/or imaging studies. There should be documentation of a failure of conservative care including physical therapy, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation indicating the injured worker had objective findings upon EMG or MRI. There was a lack of documentation indicating a failure of conservative care. Given the above, the request for 1 Left L5 and S1 transforaminal epidural steroid injection is not medically necessary.