

Case Number:	CM13-0003157		
Date Assigned:	11/08/2013	Date of Injury:	06/17/1993
Decision Date:	02/06/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty Certificate in Fellowship trained in Cardiovascular Disease 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 physician 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 patient is a 75-year-old male who reported injury on 06/17/1993, and the mechanism of injury was not provided. The patient was noted to have a previous injection, TENS, PT, biofeedback, and psych. The patient was noted to have multiple ESIs prior to surgery. The patient was noted to have 100% relief of the right-sided low back pain after the past injection. The patient's diagnosis was noted to be status post L4-S1 transforaminal lumbar interbody fusion. The request was made for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines recommend, for repeat epidural steroid injection, there must be objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 weeks to 8 weeks, with a

general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review indicated the patient had 100% relief of his pain since last injection in May of 2013, and he requires only PRN pain medication if he receives ESI. The patient noted they had low back pain and right leg pain. The piriformis test and the sitting and supine test were noted to reproduce pain symptoms. The patient was noted to be positive for facet loading. The patient's sensation and strength were noted to be intact in bilateral lower extremities with the exception of a decrease in L5 strength. Given the documentation of the above, the request for right L5-S1 transforaminal epidural steroid injection is medically necessary.