

Case Number:	CM13-0004620		
Date Assigned:	12/18/2013	Date of Injury:	01/21/2008
Decision Date:	02/04/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/30/2013

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 family practice 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.

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 52-year-old female who reported an injury on 01/21/2008. The patient was diagnosed with lumbar disc disease, disc bulges, and spinal stenosis for which the patient was previously at a point of maximum medical improvement as of 12/11/2009. According to the documentation dated 11/08/2013 the patient was presenting with severe lumbar pain due to her disc herniation. She was also noted as having undergone epidural steroid injections with the most recent one having been performed on 11/11/2011. At this time, the physician is requesting a lumbar epidural under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL UNDER FLUOROSCOPIC GUIDANCE: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: Under California MTUS, it states lumbar epidural steroid injections are recommended as an option for treatment of radicular pain defined as pain in dermatomal distribution with corroborative findings of radiculopathy. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of

medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. As noted in the documentation, the patient has undergone previous epidural steroid injections. However, there is no documentation providing objective measurements pertaining to their efficacy. Furthermore, the physician has failed to request at which levels the current lumbar epidural is to be performed. Therefore, without having the objective measurements stating the previous epidural steroid injections were effective and without having the level at which the current ESI is to be performed, the request for lumbar epidural under fluoroscopic guidance is non-certified.