

Case Number:	CM13-0008952		
Date Assigned:	12/04/2013	Date of Injury:	09/28/2011
Decision Date:	01/24/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/09/2013

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 and Cardiology, was 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 32-year-old male who sustained a work-related injury on 8/28/11 after heavy lifting and pulling. To date, the patient has been treated with epidural steroid injections, physical therapy, chiropractic care, and medication management. The most recent progress report dated 10/31/13 revealed subjective complaints of back pain with radiation down the right leg towards the right heel. The patient's medications included Norco and naproxen. On physical examination, there was no documentation of abnormalities. The patient's diagnoses included lumbar radiculopathy and sciatica. The treatment plan included refill of medication and proceeding with AME as planned.

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 (ESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: The California MTUS guidelines indicate that, 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 6-8 weeks. The clinical information indicates the patient underwent an epidural steroid injection (ESI) on 8/9/13 with subjective pain relief for 3 days post injection. The clinical information submitted for review lacks documentation of sustained pain relief, functional improvement, or decreased medication usage. As such, the request for a right L5-S1 transforaminal ESI is non-certified.