

Case Number:	CM13-0009817		
Date Assigned:	11/06/2013	Date of Injury:	10/12/1983
Decision Date:	01/29/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/12/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 underlying date of injury in this case is 10/12/1983. The primary diagnosis is 724.2. On 01/30/2013, the patient underwent bilateral L3 epidural injection. By 07/08/2013, the patient reported approximately 60%-70% relief from the prior epidural injection. The provider recommended proceeding with a repeat bilateral epidural injection and noted the patient usually gets these injections annually with good relief. The initial physician reviewer noted that the patient's current symptoms and deficits are unknown and there is very little evidence of radiculopathy or neurological deficits and radicular pattern. Therefore, the prior reviewer recommended that this request be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Bilateral L3 Lumbar EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Workers' Compensation (DWC), Subchapter 1. Administrative Director--Administrative Rules, Article 5.5.2 MTUS.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on epidural injections, page 46, state, "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 medical records do not clearly indicate how this patient's pain and functional status vary based on epidural injections. I noted as well that the same guidelines regarding epidural injections state, "This treatment alone offers no significant long-term functional benefit." Given limited clinical details as above as well as given the significant chronicity of this case, the medical records and guidelines do not clearly support an indication or probable efficacy of the requested epidural injection. This request is not medically necessary.