

Case Number:	CM13-0013248		
Date Assigned:	12/18/2013	Date of Injury:	08/29/2000
Decision Date:	03/18/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/16/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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:

██████████ is a 53 year old man who sustained a work related injury on August 29 2000. He subsequently developed a chronic back pain, radicular pain and myofascial pain. According to the note of July 30 2013, there is a positive lumbar facet tenderness with limited range of motion. He was treated with lumbar epidural injection with 60% pain relief for 2 days. The provider requested authorization for lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second (2nd) Lumbar Epidural Injection; L5-S1: 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 Section Low Back Complaints, Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no recent clinical and objective documentation of lumbar radiculopathy. Furthermore, the provider did not specify the level of requested injection. There is no recent documentation of failure of first line pain medications.

The MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. The employee does not have a recent and objective documentation of lumbar radiculopathy. In addition, the employee's previous epidural injection failed to provide a sustained relief. It provided only 60% pain relief for 2 days. Therefore, the request for 2ND Lumbar Epidural Injection; L5-S1 is not medically necessary.