

Case Number:	CM13-0014251		
Date Assigned:	12/18/2013	Date of Injury:	11/03/2011
Decision Date:	01/30/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/20/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 59-year-old with a previous injury date of 11/03/11. Records suggest a history of chronic back pain, but it is unknown if the patient had a focal radicular complaints or objective findings of radiculopathy on examination. It is also unknown if the patient had corresponding neurocompressive pathology on imaging. Records suggest the patient had a previous epidural injection a year before the current request with a positive response. However, the magnitude of the response along with the duration of improvement is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (under fluoroscopy or CT) on the lumbar or sacral region, single level,: 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.

Decision rationale: This patient does not meet criteria for an epidural steroid injection on multiple fronts. The records provided have very limited information with regard to the patient's history and examination findings. The records do not define focal objective symptoms, nor do

they define objective findings of radiculopathy on examination. There is no indication that the patient has corresponding neurocompressive pathology on imaging. There is also no clear quantitative information regarding the magnitude of the favorable response to the previous epidural injection. The Chronic Pain Medical Treatment Guidelines are quite specific in their requirement for objective findings of radiculopathy to correspond with neurocompressive pathology on imaging. The patients must have failed other conservative care. Repeat injection must be preceded by at least 50 to 70% pain relief for at least six to eight weeks. None of these factors are described within the information provided. In fact, records from January of 2013 indicate a normal neurologic exam and MRI simply shows multilevel degenerative disease. A record from February of 2013 notes only axial back pain, which would not be indication for epidural injection. For all of these reasons, the patient does not meet appropriate Chronic Pain Medical Treatment Guidelines for epidural injection. The request for an anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (under fluoroscopy or CT) on the lumbar or sacral region, single level, is not medically necessary or appropriate.