

Case Number:	CM13-0014462		
Date Assigned:	12/11/2013	Date of Injury:	10/01/2009
Decision Date:	02/12/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/21/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 38 year-old male, who reported a injury on 10/07/2009. The cause of injury was twisting and throwing a box. The patient complained of increased back pain. Upon examination the patient had tenderness along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. The patient continued to have pain with range of motion. Straight leg raise elicits pain that radiates down the left leg. The patient has a history of L4-L5 disc protrusion and lumbar degenerative disc disease, status post L4-L5 laminectomy and discectomy. The patient also has an L5-S1 annular tear. In addition the patient has bilateral lumbar radiculitis, greater on the right. The patient has had two MRI of the lumbar spine, Ct myelogram, physical therapy, and has taken Norco and Elavil for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)(INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTION), NOT INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER PLACEMENT: Upheld

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

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

Decision rationale: The request for injections of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement is non-certified. The patient had complaints of lower back pain that radiates down his left leg with straight leg raise, and pain with range of motion. The records provided note the patient had an epidural steroid injection on 11/03/2010 that did not help. The Chronic Pain Medical Treatment Guidelines recommendations suggest a second epidural injection based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Due to noted failure of the first epidural injection it is not supported to receive additional epidural injections. Therefore, the request is non-certified.