

Case Number:	CM13-0019170		
Date Assigned:	10/11/2013	Date of Injury:	03/03/2008
Decision Date:	01/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/03/2013

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 has a subspecialty in Acupuncture and Pain 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:

This is a 51 year old male injured worker with date of injury 3/3/2008 has low back pain that radiates to the right leg. He has been diagnosed with lumbar spine strain, shoulder sprain/strain, shoulder impingement, disc bulges, depression, and hypertension. He is status post surgery for a radial head fracture 3/2008, left elbow surgery 2010, left shoulder surgery 2010, and left total knee arthroplasty 2012. Lumbar MRI dated 8/5/08 revealed lumbar degenerative disc disease at L4-L5 with moderate foraminal stenosis due to a disc bulge. The injured worker has been treated with physical therapy, home exercise program, epidural steroid injection, and medications including anti-epileptics, NSAIDs, SSNRI, muscle relaxants, and tramadol. The injured worker was treated with an epidural steroid injection on 7/9/13 with greater than 50% improvement in the entire spine as well as an improved ability to sit, stand, lie down, sleep, and put on his socks, per 8/26/13 report. The date of UR decision was 8/20/13. The latest document available for this review was dated 8/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection: Upheld

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

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

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, Epidural steroid injection is recommended as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Per 8/26/13 pain management progress report, the ESI performed 7/9/13 provided at least 50% improvement of the pain that the injured worker has in the entire spine. The injured worker's pain was reduced from constant to intermittent. As a result of the injection he has noticed an improvement in his ability to sit, stand, lie down, and sleep for longer periods of time. The latest documentation (available to me for IMR, created after the UR denial) indicates that pain relief has lasted for at least six weeks, and it has significantly improved function, however there remains some persistent pain for which it would be reasonable to perform a repeat ESI, thus the request is medically necessary.