

Case Number:	CM13-0023541		
Date Assigned:	11/15/2013	Date of Injury:	10/01/2001
Decision Date:	01/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/12/2013

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 sixty year old female who reported an injury on 10/01/2001. The patient is currently diagnosed with status post spinal cord stimulator trial, failed back surgery syndrome, left L4 lumbar radiculopathy, status post laminectomy with posterolateral fusion, grade I anterolisthesis, chronic myofascial pain syndrome and depression. The patient was recently seen by [REDACTED] on 10/17/2013. The patient reported 90% to 100% improvement following an epidural steroid injection. Physical examination revealed improved range of motion, paravertebral muscle spasms, localized tenderness, mild atrophy of the paraspinal muscles, a well-healed surgical scar, positive straight leg raise bilaterally and 5/5 motor strength. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right side L5, S1 transforaminal and caudal epidural steroid injection quantity one:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule(MTUS) Guidelines states, epidural steroid injections are recommended as an option for the treatment of radicular pain with use in conjunction with active rehab efforts. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Patients should prove initially unresponsive to conservative treatment. Repeat blocks are based on continued objective documented pain and functional improvement. As per the clinical notes submitted, it was documented on 08/02/2013 by [REDACTED] after a peer-to-peer discussion with [REDACTED] for the medical necessity of epidural steroid injection that the request for the epidural steroid injection was withdrawn. As the patient's stimulator was not working, the patient had a reprogramming of her spinal cord stimulator on 07/30/2013, which provided 90% to 100% relief. A followup note dated 10/08/2013 indicated that the patient was scheduled for an epidural steroid injection on 10/09/2013. The patient's physical examination did not provide evidence of radiculopathy. The patient did not demonstrate sensory disturbances and demonstrated 5/5 motor strength. The medical necessity for the requested epidural steroid injection has not been established. As such, the request is non-certified.