

Case Number:	CM13-0025721		
Date Assigned:	11/20/2013	Date of Injury:	11/14/2011
Decision Date:	01/23/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/17/2013

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 Illinois. 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 47-year-old male who reported an injury on 11/14/2011 when he was struck in the left side of his body to include his head, neck, and mid and low back areas by a 15 foot x 36 inch diameter pipe. The patient was initially diagnosed with having a contusion to his head, left shoulder, left rib, and left hip. According to the documentation dated 05/14/2013, the patient has been treated for radiculitis, degenerative disc disease, and lumbar spinal stenosis to include 10 sessions of physical therapy, 6 sessions of aquatic therapy, oral pain medications, and a left L5-S1 epidural steroid injection performed on 01/31/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection, left L5-L1 and S1: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, in order for a patient to receive a therapeutic repeat block, documented objective findings of the patient's pain and functional improvement should have included at least a 50% pain relief associated with the previous

injections. The patient had a previous transforaminal epidural steroid injection performed on 01/31/2013, which was performed without any problems, but the patient only stated that the pain was not significantly improved. There were no objective findings provided in the documentation to verify the patient's outcome from this procedure. With the request being a repeat injection at the same lumbar level, the requested service does not meet guideline criteria at this time and is non-certified.