

Case Number:	CM13-0027536		
Date Assigned:	03/28/2014	Date of Injury:	02/16/2012
Decision Date:	04/29/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 60-year-old female who reported an injury on 02/16/2012. The mechanism of injury was not provided for review. The patient's treatment history included 2 epidural steroid injections and medication usage. The patient was evaluated on 08/08/2013 and it was documented that the patient had an epidural steroid injection in 12/2012 that provided 50% pain relief and allowed the patient to return to work. A request was made for a right L4-5 transforaminal injection with physical therapy afterwards. The patient's physical findings included decreased sensation along the L4-5 distribution with quadriceps weakness and decreased right-sided knee reflex. The patient's diagnoses included thoracic lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and lumbago.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION AT RIGHT L4-5: 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: The requested Transforaminal epidural steroid injection at right L4-5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections for patients who have at least 50% pain relief for 6 weeks to 8 weeks and documented functional improvement. The clinical documentation submitted for review does indicate that the patient received at least 50% pain relief and functional improvement as a result of the patient's prior injection in 12/2012. However, the length of that pain relief was not addressed within the documentation. Therefore, the appropriateness of an additional epidural steroid injection cannot be determined. As such, the requested Transforaminal epidural steroid injection at right L4-5 is not medically necessary or appropriate.

POST-INJECTION PHYSICAL THERAPY TO THE LOW BACK: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.