

Case Number:	CM13-0028786		
Date Assigned:	12/20/2013	Date of Injury:	08/24/2005
Decision Date:	02/14/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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 59 year old male who presents for a request for an Epidural Steroid Injection (ESI). The date of injury is 8/24/05. He had a course of physical therapy and ESI on 12/2005. He has continued to have pain and had a second ESI on 3/15/13. He was last seen on 9/2013. The ESI gave him 75% relief. The exam shows full strength, positive straight leg raise. Reflexes are two plus. The MRI shows L4-5 disc bulge with no nerve impingement or spinal stenosis. There is a grade I arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 Transforaminal ESI: 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 Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The beneficiary is requesting ESI at this time. He has had two courses of ESI. A third ESI is not medically necessary per MTUS Chronic pain guidelines. There is no proven study that demonstrates the efficacy beyond two injections. The ESI should be performed

in context of complete program of rehabilitation and demonstrated identifiable abnormality on the MRI. This is not demonstrated in this case.