

Case Number:	CM13-0028841		
Date Assigned:	06/16/2014	Date of Injury:	01/07/2011
Decision Date:	07/31/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational 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 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:

This patient is a 57 year old male with a date of injury of 1/7/11. Subsequent to a lifting injury he developed low back pain with a left leg radiculopathy. MRI studies have revealed an L4-5 extruded disc with traction on the L5 nerve root. In January 2012 and Feb 2012 epidural injections were trialed. There is no documentation of diminished medication use or objective measurements of functional improvements. Repeat injections were requested and it is reported that there was a 65% improvement in symptoms from the prior injections. Subsequently both the QME evaluator and the spine surgical consultant have documented that the epidural injections were not beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 TRANSFORAMINAL EPIDURAL STEROID INJECTIONS LEFT LUMBAR 4 TO LUMBAR 5 AND LEFT LUMBAR 5 TO SACRAL 1, UNDER FLUOROSCOPY: 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 Injections, page(s) 46 Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines do not recommend repeat epidural injection unless there are objective improvements in function plus diminished use of pain medications that persists for at least 6-8 weeks after the injection(s). After the last injections there was no evidence of objective functional improvements nor was there diminished use of pain medication. The lack of benefit is also clearly documented by the QME evaluator and a consulting spinal surgical specialist. The request for repeat epidural injections is not supported by MTUS Guidelines. There are no unique circumstances that support an exception to Guidelines. The repeat injections are not medically necessary.