

Case Number:	CM13-0030865		
Date Assigned:	11/27/2013	Date of Injury:	08/08/2012
Decision Date:	01/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/01/2013

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 and Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 underlying date of injury in this case is 8/8/12; the primary diagnosis is lumbosacral neuritis. An initial physician review noted that the patient had received physical therapy, although progress notes were not available, and that the patient had also been treated with acupuncture. An MRI of the lumbar spine dated 10/10/2012 showed mild to moderate disc height loss at L5-S1 with impingement on the right S1 nerve root, and a right L5-S1 transforaminal injection had been approved in April 2013. This was a request for a repeat epidural injection. The patient reported 60% improvement from the prior epidural injection as of 6/18/13; no additional information was available. On 8/15/13, a permanent and stationary report was submitted regarding the patient's history of lumbosacral radiculopathy and with a recommendation for future epidural injections as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

two lumbar ESIs at the right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6-8 weeks, a general recommendation of no more than four blocks per region per year." In this therapeutic phase, the guidelines do not support an indication for a treatment plan for two epidural injections. At this time the request is excessive and not supported by the guidelines. This request is not medically necessary.