

Case Number:	CM13-0032850		
Date Assigned:	12/06/2013	Date of Injury:	02/22/2010
Decision Date:	02/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/08/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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 56-year-old female who reported injury on 02/22/2010. The mechanism of injury was not provided for review. The patient was noted to have a previous epidural injection at L2-3. The patient was noted to have a lumbar fusion at L3-4 in 06/2012. It was indicated that the epidural injection helped the patient and the pain improved over the next 4 to 5 months. The patient indicated that pain was now limiting her activities of daily living. The diagnoses were noted to be status post lumbar fusion and recent exacerbation of symptoms with muscle spasms in the lumbar spine. The request was made for a lumbar epidural steroid injection at L2-3 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L2-3 under fluoroscopy: Upheld

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

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

Decision rationale: California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain and functional improvement, including at

least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year and are generally performed under fluoroscopic guidance. The clinical documentation submitted for review while indicating the patient found the previous epidural steroid injection was beneficial, failed to provide documentation of increased functional improvement, objective documentation of pain of at least 50% relief with associated reduction of medication for 6 to 8 weeks. Given the above, the request for lumbar epidural steroid injection at L2-3 under fluoroscopy is not medically necessary.