

Case Number:	CM13-0036651		
Date Assigned:	12/13/2013	Date of Injury:	10/07/2010
Decision Date:	04/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiologist, Pain 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:

The patient is a 64-year-old male who sustained an unspecified injury on 10/07/2010. The patient was evaluated on 12/04/2013 for complaints of severe low back pain and bilateral radiculopathy, left greater than right. The documentation submitted for review indicated the patient's last lumbar transforaminal epidural steroid injection was performed on 04/23/2013 and was noted as very helpful. The evaluation dated 05/15/2013, following the epidural steroid injection, states the patient reported he was quite improved following the lumbar transforaminal epidural steroid injection. However, the patient's pain level was not noted and the indicated the patient's medication dosage was being increased.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar epidural steroid injections L3-L5: 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 Page(s): 46.

Decision rationale: The request for a lumbar epidural steroid injection L3-5 is non-certified. The documentation submitted for review indicated the patient previously underwent an epidural

steroid injection on 04/17/2013. The patient was re-evaluated on 05/15/2013 which indicated the patient was quite improved. The documentation submitted for review did not indicate the patient's pain level upon evaluation. Furthermore, the documentation submitted for review indicated increased dose of Dilaudid to address pain. Therefore, the efficacy of the epidural steroid injection is questionable. The California MTUS Guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. The documentation submitted for review did not indicate the patient had a decrease in medication, it indicated the patient had an increase in medication following the previous epidural steroid injection. Furthermore, the documentation submitted for review did not indicate the patient had any functional improvement following the previous epidural steroid injection. Therefore, additional epidural steroid injections are not supported. Given the information submitted for review the request for a lumbar epidural steroid injection L3-5 is non-certified.