

Case Number:	CM13-0037345		
Date Assigned:	03/19/2014	Date of Injury:	09/29/2011
Decision Date:	05/08/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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 Physical Medicine & Rehabilitation, 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 injured worker is a 36-year-old male who reported injury on 09/29/2011. The mechanism of injury was not provided. Physical examination revealed a positive straight leg raise with a decreased sensation along the L4, L5 nerve root distribution. The diagnoses included right leg pain secondary to second level right-sided disc herniations and chronic low back pain, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and thoracic lumbosacral neuritis/radiculitis, unspecified. The request was made for medications, home exercise physical therapy, a urine drug screen, a left-sided C2-5 medial bundle branch block and a repeat right L4, L5 TFE.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT RIGHT L4-5 TFE: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief

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. The injured worker had positive radicular findings upon examination. However, the clinical documentation submitted for review failed to indicate when the prior procedure was performed. There was a lack of documentation of the above objective pain relief, and objective functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Given the above, the request for a repeat right L4-5 TFE is not medically necessary.