

Case Number:	CM13-0037644		
Date Assigned:	12/18/2013	Date of Injury:	08/10/1994
Decision Date:	02/14/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 08/10/1994. The mechanism of injury was not provided. The patient was noted to have increased low back pain and a positive straight leg raise at 45 degrees. The patient's diagnoses were noted to include L4-5 and L5-S1 lumbar radiculopathy. The patient was noted to undergo previous epidurals. The request was for an L4-S1 lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Decision for 1 L4-S1 Lumbar epidural injection at [REDACTED] (between 10/10/2013 and 12/9/2013): 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend that for a 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. The

clinical documentation submitted for review indicated that the patient had previous epidural steroid injections. However, it failed to provide the level of the injection. Additionally, it failed to include that the patient had objective pain relief and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. Given the above, the request for 1 L4-S1 lumbar epidural injection at [REDACTED] [REDACTED] (between 10/10/2013 and 12/09/2013) is not medically necessary.