

Case Number:	CM13-0037896		
Date Assigned:	12/18/2013	Date of Injury:	02/12/2013
Decision Date:	02/10/2014	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 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 33 year old male with date of injury 2/12/13. The treating physician report dated 9/23/13 indicates that the patient has pain affecting the right lower extremity. The current diagnoses are: (1) Subacute large right L5/s1 disc protrusion; and (2) Significant central canal and right lateral recess stenosis. The utilization review report dated 10/14/13 denied the request for right L5/S1 transforaminal ESI based on the rationale of lack of improvement with previous injection and MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: The patient presents with chronic lower back and right lower extremity pain with paresthesia. The treating physician notes on 9/23/13 that the patient's examination findings are "sensation and motor strength are intact in the bilateral lower extremities. The treating

physician goes on to state: "At this point the patient does not want to proceed with surgical management. He is wondering about trying another epidural injection. As we have discussed, the relief he had with the prior injection was not a great deal and was short term." The MTUS guidelines state: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks." This patient did not respond to prior injection and a repeat injection is not supported by MTUS. Recommendation is for denial.