

Case Number:	CM13-0044171		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2010
Decision Date:	11/26/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/31/2013

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 Family Practice, has a subspecialty in Preventative 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:

This 35 year old male claimant sustained a work injury on 7/27/10 involving the mid and low back. He was diagnosed with degenerative disk disease and disc protrusions in the lumbar and thoracic spines. The claimant had a thoracic epidural steroid injection in August 2013 and was noted to have 90 % improvement. A progress note on 9/23/13 indicated the claimant had continued thoracic and lumbar pain. Exam findings were mostly in the L5 distribution with a positive straight leg raise. There was still plan for surgery, but the physician wanted to see how long the epidural relief will last. The claimant did receive another epidural injection in October 2013 but the therapeutic response is unknown. In May 2014 a 3rd epidural thoracic steroid injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC EPIDURAL STEROID INJECTION: 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 neck and back complaints Page(s): 174-175.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had already received 2 prior injections. There was plan for surgery. The request for additional thoracic epidural steroid injections is not medically necessary.