

Case Number:	CM13-0045937		
Date Assigned:	12/27/2013	Date of Injury:	04/13/1982
Decision Date:	03/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/13/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery 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 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 75-year-old male who reported an injury on 04/13/1982. The mechanism of injury was not provided for review. The patient's treatment history included injections, massage, physical therapy, activity modifications, medications, and cold/hot applications. The clinical documentation submitted for review does indicate that the patient underwent an epidural steroid injection in 07/2012. The patient was evaluated in 11/2012 after that epidural steroid injection with no documentation of pain relief or functional benefit from the prior injection. The patient's most recent clinical evaluation dated 01/13/2014 revealed that the patient had 7/10 pain with medications with objective findings to include tenderness to palpation over the lumbar spine and facet joints with decreased lumbar range of motion secondary to pain with normal bilateral straight leg raising test. It was also noted that the patient had decreased patella and Achilles deep tendon reflexes. The patient's diagnoses included lumbar spinal stenosis, lumbar degenerative disc disease, lumbar radiculitis, osteoporosis, and pain in the thoracic spine. The patient's treatment plan at that time included continuation of medications and an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for bilateral L2-3 transforaminal epidurals x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The requested bilateral L2-3 transforaminal epidural steroid injection x2 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% pain relief for approximately 6 to 8 weeks. The clinical documentation failed to provide any pain relief or documentation of functional benefit from the epidural steroid injection administered to the patient in 07/2012. Additionally, the efficacy of 2 epidural steroid injections cannot be determined as repeat injections must be based on response to treatment to each injection. As such, the requested bilateral L2-3 transforaminal epidural steroid injection x2 is not medically necessary or appropriate.