

Case Number:	CM13-0054703		
Date Assigned:	04/11/2014	Date of Injury:	07/01/2005
Decision Date:	06/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Orthopedic 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 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 sustained a work related injury to the low back on 7/1/05. Lumbar degenerative changes accompanied by sciatica are noted. MRI of the lumbar spine was performed on 7/29/13. Right neural foraminal stenosis was noted at L4-5 and right and left neural foraminal stenosis are noted at L5-S1. On 10/1/13 complaints of low back pain radiating to the left lower extremity is reported, resistant to medications. Positive straight leg raise on the left and left extensor hallucis longus weakness (4/5) were reported. He is post discectomy and laminectomy in 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL INJECTION:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

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

Decision rationale: The guidelines are not met, as the guidelines state that medical necessity for repeat epidural steroid injection to be established, ", 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". The patient received epidural steroid injections prior to surgery, and there is no documentation of pain and functional improvement of 50% of reduction in pain medication requirements. Because these criteria are not met, medical necessity cannot be established.