

Case Number:	CM13-0062284		
Date Assigned:	12/30/2013	Date of Injury:	07/14/2011
Decision Date:	04/11/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 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 50-year-old male who reported an injury on 07/14/2011. The mechanism of injury occurred while the patient was lifting three 40-pound sacks of salt out of a cart into a truck. The patient's prior conservative treatments include physical therapy, use of a cane for ambulatory assistance, lumbosacral arthrosis, medication management, electrodiagnostic studies, and 1 prior transforaminal epidural steroid injection to the left L4 and L5. The most recent clinical documentation dated 10/04/2013 reveals the patient continued to have complaints of neck and back pain, which he rated 9/10. The patient continued to have difficulty with ambulation. The patient states that her medications were helping with his pain, allowing for him to have an increased level of function. Physical examination revealed tenderness to palpation in the midline lumbar region. Lower extremity sensations were intact. Straight leg raise was limited by hamstring stretch. Muscle strength was measured as 4+/5 on the left and 5-/5 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND TRANSFORAMINAL EPIDURAL INJECTION AT LEFT L4 AND L5, QTY: 1.00: 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 Injections, (ESIs) Page(s): 46.

Decision rationale: Per California MTUS Guidelines, it is stated that for repeat epidural steroid injections, there must be continued objective documentation of decreased pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. There is no documentation provided in the medical record of any significant functional improvement or decrease in the patient's complaint of pain with prior epidural steroid injection. As such, the medical necessity of the requested service cannot be determined at this time, and the request for a second transforaminal epidural steroid injection at left L4-5, quantity 1, is non-certified.