

Case Number:	CM13-0062941		
Date Assigned:	12/30/2013	Date of Injury:	11/10/1999
Decision Date:	04/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 Pain Medicine and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 11/10/2009. The mechanism of injury was not provided for review. The patient ultimately underwent an L2 through S1 posterior lumbar fusion and lumbar laminectomy. The patient underwent a transforaminal epidural steroid injection in 08/2012 that provided 80% relief for approximately 6 weeks. The patient also underwent an epidural steroid injection in 10/2012 and 01/2013. The patient reported 80% pain relief for approximately 4 weeks. The patient underwent an additional epidural steroid injection in 07/2013. The patient's most recent clinical evaluation dated 11/05/2013 was an Agreed Medical Evaluation that documented that the patient had persistent low back pain radiating into the bilateral lower extremities with restricted range of motion secondary to pain. The patient's diagnoses included failed back syndrome. A request was made for an L5-S1 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L5-S1 TRANSFORAMINAL EPIDURAL INJECTION: Upheld

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

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Decision rationale: The requested left L5-S1 transforaminal epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% pain relief for 6 to eight weeks with documented functional improvement. The clinical documentation provided for review does indicate that the patient previously had an epidural steroid injection in 07/2013. However, the results of that epidural steroid injection were not provided for review. Therefore, the appropriateness of an additional epidural steroid injection cannot be determined. As such, the requested left L5-S1 transforaminal epidural injection is not medically necessary or appropriate.