

Case Number:	CM13-0067544		
Date Assigned:	01/03/2014	Date of Injury:	10/31/2002
Decision Date:	04/21/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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 & 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 52-year-old male who reported an injury on 10/31/2002. The mechanism of injury was noted to be the patient slipped off of a pallet. The patient had a transforaminal epidural steroid injection under fluoroscopic guidance on the right at L4-5 on 12/14/2011. Documentation of 10/25/2013 revealed the patient could have future medical care of epidural steroid injections and it was indicated the patient was not a surgical candidate given the fact the patient had adhesions. The patient had a laminectomy at the level of L4-L5. The motor examination of the lower extremities was 5/5 and sensation was overall intact to light touch. The examination of 12/03/2013 revealed decreased sensation in the medial aspect of the right foot. The patient's diagnoses were noted to include lumbosacral spondylosis without myelopathy and lumbar degenerative disc disease with lumbar radiculopathy. The request was for a transforaminal epidural injection at L4-5 on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TRANSFORAMINAL EPIDURAL STEROID INJECTION AT RIGHT L4-L5: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend for repeat epidural steroid injections there must be objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the patient had a previous epidural steroid injection in 2011; however, there was lack of documentation indicating the patient had an objective decrease in the Visual Analog Scale score, objective functional improvement and an associated reduction of medication use for 6 to 8 weeks. Given the above, the request for transforaminal epidural steroid injection at right L5-S1 is not medically necessary.