

Case Number:	CM13-0072121		
Date Assigned:	01/08/2014	Date of Injury:	11/02/2006
Decision Date:	06/19/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 injured worker is a 62 year old male who reported an injury on 11/02/2006. The injured worker was making a delivery with an electric pallet jack when the brakes failed and it pushed him back and landed on concrete. The products and electric jack weighed approximately 2,000 pounds. The clinical note dated 11/26/2013 presented the injured worker with low back pain radiating to the lower right extremity involving the great toe and similar problems starting on the left lower extremity to the knee along lateral aspect. The injured worker states that the pain recurred with repeat ESIs before and has complaints of depression and wants something for the pain. The injured worker's physical exam revealed that the injured worker ambulates with a cane, has a positive straight leg on the left in the sitting position and a positive straight leg on the right. The injured worker was diagnosed with disc syndrome with stenosis and radiculopathy, lumbar disc syndrome, lumbar stenosis and lumbar radiculopathy. The provider recommended a lumbar epidural steroid injection to L4, L5 and S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4, L5 AND S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines recommend repeat blocks based on continuous objective documented pain and functional improvement, including at least 50% pain relief with associated reduction and medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. There is a lack of detailed documentation regarding previous injections, including evidence of continuous objective documented pain, including at least 50% pain relief with associated reduction and medication use for 6 to 8 weeks, and functional improvement. As such, the request is not medically necessary and appropriate.