

Case Number:	CM13-0072479		
Date Assigned:	01/08/2014	Date of Injury:	10/20/2008
Decision Date:	04/30/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 and 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 57-year-old male who reported an injury on 10/20/2008. The mechanism of injury was not provided for review. The patient reportedly developed chronic low back pain. An MRI in 02/2013 concluded that there was disc desiccation at the L4-5 and L5-S1 levels with 1 to 2 mm diffuse posterior disc bulging with narrowing of the anterior thecal sac. The patient was evaluated in 03/2013 where it was documented that the patient did not have any evident nerve root pathology. It was also noted that the patient had had a history of epidural steroid injections that did not provide significant relief. The patient was again evaluated in 11/2013 and an additional epidural steroid injection was requested. The patient's diagnoses included pain in limb, lumbosacral radiculopathy, and degeneration of intervertebral discs.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION: Upheld

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

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

Decision rationale: The requested lumbar epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommend repeat injections for patients who have at least 6 to 8 weeks of at least 50% relief with documentation of increased functional benefit. The clinical documentation does indicate that the patient previously received at least 2 epidural steroid injections that did not provide significant pain relief. Additionally, the patient's most recent clinical evaluation did not provide a physical evaluation to support that the patient has radicular complaints. Also, the request as it is written does not specifically identify at what level the injection is intended for. Therefore, the appropriateness of the request cannot be determined. As such, the requested Lumbar epidural injection is not medically necessary or appropriate.