

Case Number:	CM14-0000343		
Date Assigned:	01/10/2014	Date of Injury:	02/14/1989
Decision Date:	04/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice has a subspecialty in Pain Management and is licensed to practice in California. 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 claimant sustained an injury on 2/14/89 involving the lumbar spine. An MRI on 7/2012 showed degenerative changes in the L4-L5 region. He had a diagnosis of lumbar spondylosis and sciatica as well. An exam note on 12/17/13 indicated the claimant had paraspinal muscle tenderness but otherwise a normal spine and neurological exam. Due to general worsening pain, the claimant received a lumbar transforaminal epidural steroid injection. He had previously received injections on 8/20/13, 7/12/13, and 6/28/13, 10/10/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

INJECTION- STEROID TRANSFORAMINAL EPIDURAL (THIRD INJECTION) LEFT L4-5, L5-S1 QUANTITY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the California ACOEM guidelines, epidural injections are not recommended for back pain without radiculopathy. Based on the medical records provided for review, the claimant's last examination did not have any abnormal neurological findings.

Additionally, the claimant had also received several prior injections with no long term benefit. The request for an injection- steroid transforaminal epidural (third injection) left L4-5, L5-S1 is not medically necessary and appropriate.