

Case Number:	CM14-0002682		
Date Assigned:	01/29/2014	Date of Injury:	08/11/2011
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Orthopedic Surgery, 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 43 year-old male who sustained an injury to his low back on 08/11/11. The mechanism of injury was not documented. A clinical note dated 12/10/13 reported that the injured worker continued to complain of low back pain that radiates into the into the bilateral lower extremities at 4-6/10 on the Visual Analogue Scale (VAS). It was reported that the patient received a lumbar epidural steroid injection at an unspecified level that provided 50-80% relief for three weeks and significant functional improvement with improved mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION. L5-LS1 W/ FLUOROSCOPY: 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 EPIDURAL STERIOD INJECTIONS, ,

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

Decision rationale: The request for lumbar epidural steroid injection at L5-S1 with fluoroscopy is not medically necessary. The previous request was denied on the basis that the previous injection only provided 50-80% relief for three weeks and there was no documented decrease for

pain medications associated with the previous lumbar epidural steroid injection. As such, the medical necessity of the request was not substantiated. The CAMTUS states that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. Given the clinical documentation submitted for review, medical necessity of the request for lumbar epidural steroid injection at L5-S1 with fluoroscopy has not been established. Recommend non-certification.