

Case Number:	CM14-0005522		
Date Assigned:	02/05/2014	Date of Injury:	09/18/2003
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology and is licensed to practice in New Jersey, Connecticut, and 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 45-year-old female who sustained an injury to her low back on September 18, 200. The mechanism of injury was not documented. A clinical note dated January 27, 2014, reported the injured worker continues to complain of low back pain. Physical examination noted antalgic gait favoring the right; forward-flexed body posture; Waddell's signs were negative. The injured worker was assessed to have lumbar post laminectomy syndrome, recurrent major depressive episodes and moderate anxiety. Medications tapering was discussed and included in the injured worker's treatment plan. This request is for epidural steroid injection to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESIs), Page(s): 46.

Decision rationale: The request for right L4-5 transforaminal epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule (CAMTUS) states

the injured worker must initially be unresponsive to conservative treatment to include exercise, physical methods, non-steroidal anti-inflammatory medications (NSAIDs) and muscle relaxants. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date or the injured worker's response to any previous conservative treatment. The injured worker underwent right L4-5 transforaminal epidural steroid injection on 08/27/12. There was no information provided that would indicate the injured worker's response to the previous injection. The CAMTUS also 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 right L4-5 transforaminal epidural steroid injection has not been established. Recommend not medically necessary.