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| Case Number: | CM14-0006437 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 05/20/1998 |
| Decision Date: | 07/14/2014 | UR Denial Date: | 01/07/2014 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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, 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:

This is a 52-year-old male with a 5/20/1998 date of injury. A specific mechanism of injury was not described. 1/7/14 determination was non-certified given no specific response to the epidural injection performed on July 2013. The determination also states that the patient has had epidural injections on 2005, 2007, 2008, 2009, 2011, 2012, and 2013. 1/8/14 office visit by [REDACTED] identifies pain in the bilateral legs, buttocks, hips, knees, low back, and bilateral ankles/feet. Physical exam revealed no evidence of overmedication, sedation, or withdrawal symptoms. 7/24/13 operative report identifies that an epidural injection was performed at the L4-5 level. It is also noted that the patient had a positive response to a prior epidural injection performed on September 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) L4-5: 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 Page(s): 46.

Decision rationale: The patient has had multiple epidural injections, the most recent on September 2012 and July 2013. CA MTUS states that repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection. This has not been documented on the medical records. In addition, there are no objective findings of radiculopathy and no imaging report to corroborate the same. The medical necessity of an additional epidural injection at this point has not been substantiated. The request is not medically necessary and appropriate.