

Case Number:	CM14-0008198		
Date Assigned:	01/29/2014	Date of Injury:	06/10/2003
Decision Date:	06/20/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 75-year-old male who reported injury on 06/10/2003. The mechanism of injury was not provided. The injured worker underwent a cervical epidural steroid injection on 11/04/2013. The documentation of 11/21/2013 revealed the injured worker underwent an epidural steroid injection at L4, 5, and S1 on 02/21/2012. The injured worker received 50% to 60% relief that lasted until the date of examination on 11/21/2013. The diagnoses included degeneration of a lumbar disc and lumbar disc with radiculopathy as well as shoulder pain. The treatment plan included a refill of omeprazole and a transforaminal epidural steroid injection at L4, L5, and S1 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), EPIDURAL STEROID.

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

Decision rationale: The California MTUS Guidelines recommend for repeat epidural steroid injections there must be documentation of objective pain relief and objective functional

improvement including at least 50% pain relief with associated medication reduction use for 6 to 8 weeks. The clinical documentation submitted for review indicated the injured worker received approximately 1 year of 50% to 60% pain relief. However, there was a lack of documentation of objective functional improvement and a reduction of medication use. The request as submitted failed to indicate the laterality and the level for the requested injection. Given the above, the request for 1 transforaminal epidural steroid injection is not medically necessary.