

Case Number:	CM14-0009997		
Date Assigned:	02/21/2014	Date of Injury:	08/17/2012
Decision Date:	06/25/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/24/2014

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 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 40-year-old male who reported an injury on 08/17/2012 after lifting a 90 pound jackhammer. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, physical therapy, acupuncture, chiropractic care, and epidural steroid injections. The injured worker was evaluated on 11/18/2013. It was documented that the injured worker had low back pain rated at a 6/10. A request was made for a transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-L5, L5-S1 TRANSFORAMINAL EPIDURAL INJECTION UNDER FLUOROSCOPY: Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend repeat epidural steroid injections when there is at least 50% pain relief for four to six (4 to 6) weeks with documentation of functional improvement. The clinical documentation submitted for review does indicate that the

injured worker previously underwent epidural steroid injections; however, the level of those injections was not provided. The clinical documentation does not provide any evidence that the injured worker received at least 50% pain relief for four to six (4 to 6) weeks with documented functional improvement. Additionally, the guidelines recommend that epidural steroid injections be supported by documentation of clinical findings of radiculopathy supported by an imaging study. The injured worker's most recent clinical evaluation does not provide any documentation of radicular findings. Therefore, an additional epidural steroid injection would not be supported. As such, the requested left L5-L5, L5-S1 transforaminal epidural injection under fluoroscopy is not medically necessary or appropriate.