

Case Number:	CM14-0106816		
Date Assigned:	08/01/2014	Date of Injury:	10/17/2009
Decision Date:	09/24/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/10/2014

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 Occupational Medicine 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 patient is a 56 y/o male who had chronic low back pain subsequent to an injury dated 10/17/09. He has had spinal surgery X's 2 and has been diagnosed with a post laminectomy syndrome. Updated MRI studies revealed a L5-S1 residual stenosis and clinically this patient has a radiculopathy. An initial epidural injection on 5/09/14 provided a reported 80% short term improvement in pain relief for a couple of weeks and 20% for a longer period of time. He is utilizing several oral analgesics including Oxycodone and Oxybutrone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injection at the L5 Level: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: Depending upon the number or prior injections, MTUS Guidelines have different standards for repeating an epidural injection. If an initial injection provides "some relief" a second injection is supported by Guidelines. This patient is reported to have significant short term relief. After a 2nd injection the Guideline standards significantly change (50%

improvement for many weeks with diminished medication use) before a 3rd injection can be recommended. Given that this request is for a 2nd injection, the request is consistent with Guidelines and is medically necessary.