

Case Number:	CM14-0012509		
Date Assigned:	02/21/2014	Date of Injury:	10/11/1999
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 Medicine and is licensed to practice in 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 67 year old male whose date of injury is October 11, 1999. MRI of the lumbar spine dated October 2, 2012 revealed at L4-5 there is severe stenosis. The injured worker underwent lumbar epidural steroid injection on August 13, 2013. Follow up note dated January 29, 2014 indicates that he complains of back pain and bilateral leg pain. Treatment to date includes epidural steroid injections, physical therapy and chiropractic treatment. Diagnoses are lumbar disc displacement, lumbosacral spondylosis and acquired spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT BILATERAL L4 AND L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION VIA EPIDUROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ,

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

Decision rationale: Based on the clinical information provided, the request for repeat bilateral L4 and L5 transforaminal epidural steroid injection via epidurogram is not recommended as

medically necessary. The submitted records fail to provide a current, detailed physical examination to establish the presence of active radiculopathy as required by the California MTUS Guidelines. The submitted records fail to document at least 50% pain relief for at least 6 weeks after prior epidural steroid injection as required by California MTUS Guidelines prior to the performance of repeat injection. The request is not medically necessary.