

Case Number:	CM14-0013501		
Date Assigned:	02/26/2014	Date of Injury:	05/13/2003
Decision Date:	07/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/03/2014

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 Nevada. 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 records presented for review notes that this 43-year-old individual was injured in May, 2003. A request for a repeat epidural steroid injection was not certified in the preauthorization process. It was noted that the injured employee was not currently working. Treatment has been limited to oral medications. A request for another epidural steroid injection was noted to occurred on January 24, 2011. Is also noted that previous treatment included multiple trigger point injections. Another reference is made to a lumbosacral surgical intervention. Trigger point injections were also pursued. A series of 3 injections is suggested to ameliorate the symptomology after the posterior fixation surgery. An MRI noted surgical intervention with a disc prosthesis at L4/L5 and L5/S1. Granulation tissue is noted. The January progress note indicated noncertification of the request for serial epidural steroid injections and topical preparation. The pain complaints are noted to have increased. The physical examination is unchanged, muscle spasms are present. 6 separate trigger point injections were completed in December, 2013. The follow-up progress notes report a 60% pain relief with the injections. However, the pain complaints have returned. There is no indication of any pain in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUATION OF EPIDURAL STEROID INJECTIONS: 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 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines do allow for epidural steroid injections when there is objectification of a verifiable radiculopathy that is cooperating between imaging studies, illicit diagnostic studies and physical examination. The most current records indicate there are no complaints of pain radiating into lower extremity. There is no illicit diagnostic assessment objectifying the presence of a verifiable radiculopathy. The MRI does not note nerve root compression. As such there is insufficient clinical information presented support this request. With this, the request is not medically necessary.