

Case Number:	CM14-0017139		
Date Assigned:	04/14/2014	Date of Injury:	07/04/2012
Decision Date:	05/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 reported an injury on July 04, 2012. The mechanism of injury was not provided. The injured worker underwent an epidural steroid injection at L5-S1 on September 28, 2013 and on January 25, 2014; and had undergone a second epidural steroid injection for the year, 3 weeks prior to the examination of February 13, 2014. According to the documentation dated February 20, 2014, it was revealed that the injured worker had moderate tenderness over the lumbar spinous processes, bilateral sacroiliac joints and gluteal muscles and paravertebral muscles. The treatment plan included a third epidural steroid injection with pain management due to positive MRI findings. The diagnosis included lumbar spine radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLUOROSCOPIC EPIDURAL STEROID BLOCK AT L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is objective documented pain relief and objective functional improvement,

including at least 50% pain relief with an associated reduction of medication usage for 6 to 8 weeks. The clinical documentation failed to meet the above criteria. The request as submitted failed to indicate the laterality for the requested epidural steroid block. Given the above, the request for a fluoroscopic epidural steroid block at L5 is not medically necessary.