

Case Number:	CM14-0113959		
Date Assigned:	08/01/2014	Date of Injury:	02/18/1988
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 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:

The injured worker is a 67-year-old female who reported an injury on 12/18/1988. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back. The injured worker was evaluated on 06/26/2014. It was documented that the injured worker had had an acute exacerbation of her chronic pain. The injured worker's treatment history was noted to be transforaminal epidural steroid injection on 09/18/2013, bilateral sacroiliac joint injections on 02/12/2014, a home exercise program, and previous lumbar laminectomy. It was noted that the injured worker's epidural steroid injection on 02/01/2012 provided 80% to 90% improvement, followed by an epidural steroid injection on 09/18/2013. The injured worker's medications included tramadol hydrochloride and citalopram. The physical examination findings included a positive straight leg raising test with tenderness to the mid line at the L4 through the L5 with limited range of motion secondary to pain. The injured worker's diagnoses included lumbar postlaminectomy syndrome. A request was made for an epidural steroid injection and a continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45-46.

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

Decision rationale: The requested transforaminal epidural steroid injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on documentation of at least 50% pain relief for 4 to 6 weeks with documented functional improvement. The clinical documentation indicated that the injured worker had undergone a transforaminal epidural steroid injection on 09/18/2013. The results of that injection were not provided. It was noted that the injured worker underwent an epidural steroid injection on 02/01/2012 that provided 80% to 90% improvement in symptoms. However, duration of relief, level of treatment, or functional were not provided for review. Therefore, the appropriateness of a second injection cannot be determined. Furthermore, the request as it is submitted does not identify a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested transforaminal epidural steroid injection is not medically necessary or appropriate.