MAXIMUS Federal Services

Case Number:	CM14-0116360		
Date Assigned:	08/04/2014	Date of Injury:	12/03/2009
Decision Date:	10/02/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/23/2014

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 & 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:

Medical records reflect the claimant is a 61 year old male who sustained a work injury on 12-3-09. On this date, he was driving in a bumpy truck and developed low back pain. The claimant reports low back pain with left leg pain radiation. The claimant has been treated with physical therapy, acupuncture and medications. The claimant had an MRI dated 3-25-12 showed a 3 mm left paracentral disc protrusion and annular fissure at L2-L3. The claimant had a left L2-L3 selective nerve root block on 8-2-13, which did not help and required oral steroids a month later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L2-3 transforaminal LESI, lumbar epidurogram contrast dye, IV sedation and fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Low back chapter - epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that to perform epidural steroid injection radiculopathy must be documented by physical examination and corroborated

by imaging studies and/or electrodiagnostic testing. Repeat injections are predicated on response. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. This claimant has had epidural steroid injections in the past without long lasting improvement or benefit. Therefore, based on the records provided and current treatment guidelines a repeat Epidural Steroid Injection left L2-L3 transforaminal approach is not medically necessary.