

Case Number:	CM14-0117388		
Date Assigned:	09/03/2014	Date of Injury:	06/27/2006
Decision Date:	10/03/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Pain Management 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 underlying date of injury in this case is 6/27/2006. The date of the original utilization review is 7/15/2014. This patient's treating diagnosis is lumbar spinal stenosis. The patient additionally is status post a lumbar fusion in 6/2011. On 6/12/2014, the patient's treating pain physician saw the patient in followup of a lumbar post laminectomy syndrome. The patient was noted to have ongoing pain and reported that medications remained helpful and provided functional gains by assisting in his activities of daily living and mobility and restorative sleep. The patient was noted to have tenderness in the affected areas. He did not have specific focal neurological motor deficits. Sensation was decreased in the lateral leg and dorsum of the foot on the left side and on the sole of the foot in the posterior leg or in other words in an L5-S1 distribution. The treating physician discussed at length numerous guidelines for repeat epidural injections, including McKesson Guidelines, which note that in narrow circumstances, injections may be appropriate without a trial of conservative therapy for patients with unabating, excruciating symptoms. Those guidelines state that as long as the criteria for epidural blocks are met, patients have been shown to exhibit significant improvement, particularly in the short term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections states that the purpose of epidural injections is to facilitate active treatment and avoid surgery, but notes that this treatment alone offers no significant long-term functional benefit. The treating physician notes numerous guidelines regarding epidural injection treatment, but the clinical notes do not correlate specifically to clarify why this patient meets those guidelines which the treating physician references. This is a chronic injury dating back to 2006. The treatment guidelines do not support a probable meaningful benefit of epidural injections in such a chronic setting and the treating physician does not clearly provide such a rationale for this request. For these reasons the guidelines do not support this request. This request is not medically necessary.