

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0132522 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 06/14/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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, has a subspecialty in Interventional Spine 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:

According to the 8/6/2014 report, the patient presents with right leg pain and tingling. MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, The patient underwent discectomy at L5-S1 level for an HNP but still has residual symptoms. No updated MRI's are provided to show any residual or recurrent disc. The patient already tried ESI's prior to discectomy without resolution of the symptoms. The treating physician has asked for repeat injection without any new or additional information. Prior injection results are not discussed either. MTUS require 50% reduction of pain with functional improvement for repeat injections. Therefore, the request for Epidural Steroid Injection at L5-S1 is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46-47.

Decision rationale: According to the 8/6/2014 report, the patient presents with right leg pain and tingling. MTUS guidelines state, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case, The patient underwent discectomy at L5-S1 level for an HNP but still has residual symptoms. No updated MRI's are provided to show any residual or recurrent disc. The patient already tried ESI's prior to discectomy without resolution of the symptoms. The treating physician has asked for repeat injection without any new or additional information. Prior injection results are not discussed either. MTUS require 50% reduction of pain with functional improvement for repeat injections. Therefore, the request for Epidural Steroid Injection at L5-S1 is not medically necessary and appropriate.