

Case Number:	CM14-0179768		
Date Assigned:	11/04/2014	Date of Injury:	03/09/2011
Decision Date:	12/12/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 32-year-old male. His date of injury was 03/09/2011. His diagnoses were lumbar radicular pain and lumbar stenosis. His past treatments have included epidural injections on 10/18/2013, 11/13/2013, and 12/20/2013. He had a transforaminal epidural injection on 07/25/2014 and 10/24/2014. His diagnostic studies are not included in the medical record except for the fluoroscopy required to do his previous epidural injections. His surgical history includes a revision of a right sided L5-S2 decompression performed in 12/2011. That revision took place on 09/05/2013. On 05/13/2014, he had complaints of slight tenderness at lumbosacral junction. During his physical exam of 05/13/2014, he was noted to have no functional deficits or complaints of pain. His medication list is not included in the medical record. His treatment plan is to continue the transforaminal epidural injections. There is no rationale for the request included in the medical record. The Request for Authorization form is signed and dated in the medical record, and the rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection x1 Next Session: Upheld

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

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

Decision rationale: The request for epidural injections x1 next session is not medically necessary. The injured worker has radicular back pain, lumbar disc herniation, and postop lumbar spine. The California MTUS Guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain. There are criteria for the use of epidural steroid injections. This criterion includes documented radiculopathy, unresponsive to conservative treatments, injections should be performed using fluoroscopy, and repeat blocks should be based on continued objective documented pain and functional improvement, including a reduction of medication use for 6 to 8 weeks. The documentation does not include any prior conservative treatment including exercises with physical therapy or home exercise, if he is taking any medication for pain including NSAIDs and muscle relaxants. There is also no documentation after the epidural injections to indicate the level of pain he was experiencing on a pain scale. The documentation in the medical record does not support the request. Therefore, the request is not medically necessary.