

Case Number:	CM14-0020202		
Date Assigned:	04/25/2014	Date of Injury:	06/06/2013
Decision Date:	07/07/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/18/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 06/06/2013. The mechanism of injury was not provided for review. The injured worker underwent an MRI in 08/2013 that documented a disc bulge at L5-S1 with moderate to severe bilateral foraminal and lateral recess stenosis. The injured worker underwent epidural steroid injections at the L4-5 on 10/11/2013 and 11/15/2013. The injured worker was evaluated on 11/21/2013 and was documented that the injured worker was status post 3 lumbar epidural steroid injections. Physical findings included left leg with numbness and tingling and pain with range of motion. The injured worker's diagnoses included cervical sprain/strain, lumbar spine sprain/strain, herniated disc of the cervical spine and depression. The injured worker's treatment plan included continued chirotherapy, continued medications, and a left transforaminal epidural steroid injection at the L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-L5 TRANSFORAMINAL BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300, 308-310.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

Decision rationale: The request for left L4-5 transforaminal block is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% pain relief for 4 to 6 weeks with documentation of functional benefit and evidence of a return of symptoms. The clinical documentation submitted for review does not provide any objective physical findings of radiculopathy to support the need for an additional epidural steroid injection. Additionally, there is no quantitative assessment or documentation of functional benefit of prior epidural steroid injections to support additional epidural steroid injections. As such, the requested left L4-5 transforaminal block is not medically necessary or appropriate.