

Case Number:	CM14-0024547		
Date Assigned:	06/16/2014	Date of Injury:	11/19/2011
Decision Date:	08/12/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 39-year-old male who reported an injury on 11/19/11 due to a repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right upper extremity, bilateral knees, cervical spine, and lumbar spine. The injured worker's treatment history included chiropractic care, physical therapy, acupuncture, activity modifications, and medications. The injured worker underwent a medial branch block on 3/31/14 with a return of symptoms on 4/12/14. The injured worker was evaluated on 4/12/14. It was documented that the injured worker had decreased lumbar range of motion secondary to pain with a positive straight leg raising test bilaterally and intact motor strength and sensation to light touch in the bilateral lower extremities. The injured worker's diagnoses included status post low back injury at work, severe disc disorder at the L3-4, right L3 radiculopathy, and scoliosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION RT L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend repeat epidural steroid injections for patients who have at least 50% pain relief for 4 to 6 weeks with documented functional improvement from the initial injection. The clinical documentation submitted for review does not clearly identify any pain relief in a quantitative assessment or significant functional benefit resulting from the previous injection. Additionally, it is noted within the documentation that the patient only received a short course of pain relief resulting from the previous injection. Therefore, an additional injection would not be supported by guideline recommendations. As such, the request is not medically necessary.