

Case Number:	CM14-0025442		
Date Assigned:	06/11/2014	Date of Injury:	01/20/1993
Decision Date:	07/15/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 40 year old male with a reported injury on 02/03/2014. The mechanism of injury was not provided. The injured worker had an exam on 05/20/2014 with complaints of pain in the upper extremities and debilitating pain in neck and also low back pain radiating down lower extremities. The injured worker had a history of cervical fusion at C4-5, C5-6 and C6-7. He has had five peripheral nerve decompressions in the upper extremities and bilateral brachial plexus surgery. He had a MRI on 10/08/2013 that revealed a moderate to large left para-central disc protrusion at L5-S1 compressing the left S1 nerve root. The injured worker has tried extensive conservative treatment and previous epidural injections that gave him three to four weeks of relief. The treatment plan is to put in a permanent spine stimulator. The request for authorization was signed but not dated. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL S1 EPIDURAL STEROID INJECTION: 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 bilateral S1 epidural steroid injection is non-certified. The injured worker has a history of chronic neck and back pain. He has tried extensive conservative treatment and previous epidural injections with three to four weeks of relief. The California MTUS guidelines recommend that epidural steroid injections offer short term pain relief and should be in conjunction with other rehab efforts, including continuing home exercise program and there is little information on improved function. There was a lack of documentation of other rehab efforts. The California MTUS guidelines also state that current research does not recommend more than two epidural steroid injections. There was a lack of documentation of how many injections the injured worker already received. Therefore the request is not medically necessary.