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| Case Number: | CM14-0030224 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/05/2011 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/13/2014 |
| Priority: | Standard | Application Received: | 03/10/2014 |

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 30-year-old male who was reportedly injured on July 5, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated October 16, 2013, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. The physical examination demonstrated lumbar spine range of motion limited by pain and tenderness along the lumbar facets. There was a positive left sided straight leg raise at 30. There was also tenderness at the thoracic spine with a radiculopathy radiating to the T10, T11 and T12 dermatomes. Paresthesias were noted at the left L4 and L5 dermatomes. Previous treatment included epidural steroid injections, physical therapy, occupational therapy and home exercise. A request had been made for T9-T10 epidural steroid injections and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

T9-T10 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 of 127.

Decision rationale: According to the medical record, there was 20% relief with the previous epidural steroid injection. The California MTUS Guidelines recommend at least 50% pain relief for 6 to 8 weeks time from this procedure to justify additional injections in the therapeutic phase. Considering this, the request for all epidural steroid injection at the T9-T10 level is not medically necessary.