

Case Number:	CM14-0030787		
Date Assigned:	06/20/2014	Date of Injury:	01/08/2013
Decision Date:	08/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/11/2014

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 underlying date of injury in this case is 01/18/2013. On 01/16/2014, the treating pain physician saw the patient and reviewed this patient's mechanism of injury when he was pulling at a steel grating with a crane with the weight of about 100 pounds. The patient developed sharp, shooting pain in his left lower back with numbness in the L4-5 and L5-S1 distribution. The patient reported he could not lift or walk or do chores or work. The patient was noted to have a history of a laminectomy and discectomy. The treatment plan included request for the second of 3 planned epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second of three transforaminal ESI (epidural steroid injections) L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on epidural injections recommends that clinical history should be correlated with physical exam findings and objective testing data. The medical records do not

contain such details at this time to support an indication for an epidural injection. Additionally, this same guideline does not support the concept of a series of 3 epidural injections. For these multiple reasons, this request for a second epidural injection is not supported by the guidelines. This request is not medically necessary.