

Case Number:	CM14-0031534		
Date Assigned:	06/20/2014	Date of Injury:	11/29/2006
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 55 year old male who reported an injury on 11/29/2006 from pulling out a metal railing from concrete. The injured worker had a history of lower back pain with a diagnosis of lumbar spondylosis with multilevel degenerative disc disease and facet arthropathy. The injured worker received an epidural steroid injection of unknown dated that was indicated in the 10/19/2013 chart notes and again on 11/19/2013 received an epidural steroidal injection with good results. The MRI from 10/01/2013 showed Lumbar spondylosis at the L2 through L5-S1, protrusion at the L3-4,5 , spinal stenosis, and degenerative changes at the facet joint, The injured worker rates his back pain 4-5/10 with medications to include Norco of 10/325mg one a day, Robaxin twice a day. The physical examination dated 02/10/2014 revealed motor function 5/5 to all extremities, tender to palpate, tension sign negative. The authorization dated 06/20/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection at the Bilateral L4-L5 and L5- S1 under Fluoroscopy with Anesthesia: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain. Most current guidelines recommend no more than 2 epidural steroid injections. The injured worker has had at least two lumbar injections, the first stated in the 10/21/2013 chart notes that he had an epidural steroid injection in the past and had significant benefits, then again on 11/19/2013 he received another epidural steroid injection. The documentation was not evident that the injured worker required another injection. The injured worker denies any neurologic changes and returned to work full time. As such, the request is not medically necessary and appropriate.