

Case Number:	CM14-0033289		
Date Assigned:	06/20/2014	Date of Injury:	02/22/2013
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiologist 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 65-year-old male who reported an injury on 02/22/2013, due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications, physical therapy, and an epidural steroid injection. The injured worker was evaluated on 02/19/2014. It was noted that the conservative treatment applied to the injured worker to date provided little benefit. This included a previous epidural steroid injection. Physical findings included restricted range of motion secondary to pain; midline tenderness from the L5-S1; and decreased motor strength in the left lower extremity. The injured worker's diagnoses included left lower extremity radiculitis, lumbar sprain/strain, lumbar disc herniation, left sacroiliac joint dysfunction, and sleep disturbance secondary to chronic pain. The injured worker's treatment plan included an epidural steroid injection at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5, L5-S1 transforaminal ESI injection under fluoro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); http://www.dir.ca.gov/&8/ch4_5sbla5_5_2.html. Decision based on Non-MTUS Citation ODG-Treatment in Workers Compensation, 2014 Web-based edition.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% pain relief for 4 to 6 weeks with documentation of functional benefit. The clinical documentation does indicate that the injured worker previously underwent an epidural steroid injection that did not provide any functional benefit or pain relief. The location of that epidural steroid injection was not provided. However, the necessity of a repeat injection cannot be determined without that information. As such, the requested left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance is not medically necessary or appropriate.