

Case Number:	CM14-0037893		
Date Assigned:	06/25/2014	Date of Injury:	12/11/2012
Decision Date:	07/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 Texas. 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 51 year old male whose date of injury is 12/11/12. The mechanism of injury is not specified. The injured worker complains of low back pain radiating to abdomen as well as numbness to lower extremities. He underwent lumbar epidural steroid injection on 01/24/14. Follow-up on 02/13/14 noted that the injection provided 2-3 weeks of "significant pain relief." A request for repeat injection was denied per review dated 03/24/14 noting that the criteria for repeat epidural steroid injections (ESI) requiring at least 50% pain relief for at least 6-8 weeks were not met. A subsequent progress report dated 04/14/14 noted that on this date the injured worker stated that the lumbar epidural steroid injections on 01/24/14 reduced his pain at least 75%, with the pain slowly returning but still 50% reduced over 2 months later.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal L5-S1 and S1 neural foramina lumbar epidural steroid injection:

Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines criteria for repeat injections require that there be at least 50% pain relief lasting for at least 6-8 weeks. On initial review, there was inadequate documentation to establish the requisite effectiveness of the epidural steroid injection performed on 01/24/14. However, subsequent documentation revealed that the injured worker had at least 75% initial relief following the injection and had continued relief of 50% for more than 2 months. Based on the clinical information provided for review, medical necessity is established for transforaminal L5-S1 and S1 neural foramina lumbar epidural steroid injection. The request for transforaminal L5-S1 and S1 neural foramina lumbar epidural steroid injection is medically necessary and appropriate.