

Case Number:	CM14-0056134		
Date Assigned:	07/09/2014	Date of Injury:	12/22/2010
Decision Date:	09/12/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 42-year-old male with an original date of injury of December 22, 2010. The injured worker has diagnoses of lumbar strain, cervical strain, lumbar disc protrusion at multiple levels as seen on MRI, and lumbar multi-leveled neuroforaminal stenosis. A progress note dated November 12, 2013 indicates that the patient underwent a lumbar epidural steroid injection 4 days ago with "good benefit." A later progress note on January 29, 2014 documented that the epidural injection resulted in only one month of relief for the patient. The disputed issue is a request for a repeat lumbar epidural steroid injection. A utilization review determination on April 4, 2014 had noncertified this request, stating that inadequate documentation was submitted. There are no clinical notes or reported objective findings documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar epidural steroid injection (LESI): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection Page(s): 47.

Decision rationale: A progress note on date of service November 12, 2013 indicates that the patient underwent a lumbar epidural steroid injection 4 days ago with "good benefit." A later progress note on January 29, 2014 documented that the epidural injection resulted in only one month of relief for the patient. In order to have a repeat injection, the guidelines recommend at least 50% relief for a period of 6 to 8 weeks. The criteria is not met in this case and this is not medically necessary.