

Case Number:	CM14-0056555		
Date Assigned:	07/09/2014	Date of Injury:	11/02/2011
Decision Date:	08/28/2014	UR Denial Date:	03/26/2014
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 Family Medicine and is licensed to practice in Arizona. 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 patient is 58-year-old male injured worker who on 11/02/2011 hurt his shoulders and back while placing trash into a dumpster. MRI of Lumbar spine on 7/29/2013 showed Lumbar 4-5 disc degeneration and diffuse annular disc bulging and right paracentral annular fissure. No MRI findings to cause right lumbar radiculopathy were noted. Lumbar epidural injection on 11/08/2013 gave good relief of pain in the left leg per patient report. Physical exam on 3/11/2014 showed no loss of sensation in the right leg, normal muscle strength and deep tendon reflexes demonstrating absence of right sided radicular clinical signs.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Epidural Steroid Injection at the right L4 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 Epidural steroid Injections Page(s): 46-47.

Decision rationale: Epidural steroid injection can be used adjunctively with other treatment modalities for the relief of pain. Criteria for the use of epidural steroid injection include the presence of radiculopathy documented on physical exam and corroborated radiographically.

Neither physical exam of this patient or MRI findings support the use of epidural as requested. In addition in the therapeutic phase, repeat epidural blocks should be based on objective pain and functional improvement (Item 7 page 46 MTUS) with a 50% pain relief with associated reduction in medication use for six to eight weeks. These criteria were not met and so this request is deemed not medically necessary.