

Case Number:	CM14-0070948		
Date Assigned:	07/14/2014	Date of Injury:	08/01/2013
Decision Date:	09/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/16/2014

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, has a subspecialty in Pain Medicine 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 33 year old male with a reported date of injury on 08/01/2013. The mechanism of injury was not noted in the records. The diagnoses were lumbar disc displacement and psychogenic pain. The past treatments included pain medication and epidural steroid injections. The MRI of the lumbar spine done on 09/25/2013 revealed mild posterior protrusion of the L5-S1 disc. There was no surgical history documented in the records. On 04/14/2014, the subjective complaints were lower back pain rated at 8/10. The physical examination noted positive bilateral straight leg raise and decreased sensation to right foot. The records also noted that the injured worker had an epidural steroid injection on 01/28/2014 and noted 50% pain relief that lasted 2 weeks. The medications included Ultracet, Relafen, Tylenol, and Motrin. The plan was for a repeat epidural steroid injection. The rationale for the request was to reduce pain. The request for authorization form was dated 04/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 and L5-S1 transforaminal epidural steroid injections with epidurogram, IV sedation, and fluoroscopy: 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 injection Page(s): 46.

Decision rationale: The MTUS Chronic Pain Guidelines state in regards to repeat epidural steroid injections, if after the initial block is given and found to produce pain relief of at least 50% pain relief, increased function, and decreased medication use, for at least 6-8 weeks, additional blocks may be supported. The notes document that the injured worker had an epidural steroid injection on 01/28/2014 and noted 50% pain relief that lasted 2 weeks. The guidelines state that pain relief must last for at least 6-8 weeks. As the pain relief was not at least 6-8 weeks from previous epidural steroid injections the request is not medically necessary.