

Case Number:	CM13-0052336		
Date Assigned:	12/27/2013	Date of Injury:	04/16/2010
Decision Date:	04/16/2015	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 39-year-old male, who sustained an industrial injury on April 16, 2010. The injured worker was diagnosed as having lumbar discogenic syndrome, lumbosacral or thoracic neuritis, and myofascial pain. Treatment to date has included work modifications, cognitive behavior therapy, epidural steroid injection that decreased his pain for two months, and oral and topical pain, anti-epilepsy, and muscle relaxant medications. On August 27, 2013, the injured worker complains of low back pain radiating to the bilateral lower extremities. The physical exam findings were not clear due to being partially legible. The treatment plan includes awaiting authorization of a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

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

Decision rationale: Guidelines recommend epidural steroid injections if the patient has a radiculopathy, which has been corroborated by imaging studies and electrodiagnostic testing. Repeated injections may be appropriate if prior injections have led to at least 50% pain relief. In this case, the medical records do not describe the efficacy of prior epidural steroid injections. Thus, the request for bilateral transforaminal steroid injection at L5-S1 is not medically necessary.