

Case Number:	CM14-0187520		
Date Assigned:	11/21/2014	Date of Injury:	02/03/1998
Decision Date:	01/08/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 a 59-year-old male presenting with a work-related injury on every third 1998. On September 26, 2014 the patient complained of 60 to 70% pain relief and functional improvement decreased medication last hundred and 20 with the lateral steroid injection on August 1, 2014; however the pain returned gradually with the patient complaining of 7/10 pain. The patient is taking Vicodin. The physical exam is significant for positive left straight leg raise; and mild weakness right anterior tibialis muscle with dorsiflexion and gastrocnemius with plantar flexion; decreased sensation right L5 - S1 and diminished deep tendon reflex +1 and right lower extremity. The patient was diagnosed with post laminectomy syndrome lumbar region; degeneration lumbar vertebral disc; lumbar spinal stenosis and thoracic/lumbosacral neuritis/radiculitis. A claim was made for one repeat epidural steroid injection at L5-S1 with anesthesia, fluoroscopic guidance and epidurogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) repeat epidural steroid injection at L5-S1 with anesthesia, fluoroscopic guidance and epidurogram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The claimant's physical exam is consistent with radiculopathy and did receive relief with the previous epidural for about six weeks; however, anesthesia is not recommended with epidural steroid injection as it takes away the patients protective defenses and there is lack of documentation of extreme anxiety. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.