

Case Number:	CM15-0009766		
Date Assigned:	01/27/2015	Date of Injury:	09/23/2003
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old male who reported an injury on 09/23/2002. The mechanism of injury was not provided. Prior therapies included medications, injections, and past surgical intervention. Prior diagnostic studies included an MRI and an EMG. The documentation indicated the injured worker had greater than 50% symptomatic relief for longer than 8 weeks. The injured worker underwent an L4-5 fusion on 04/29/2003. Documentation of 12/10/2014 revealed the injured worker had decreased range of motion and motor strength was diminished in the right lower extremity of 3/5. The injured worker had diminished sensation at L4, L5, and S1 dermatomes to light touch, pin prick, and temperature in the right lower extremity. The straight leg raise was positive on the right side for radicular symptoms. The diagnosis included postlaminectomy syndrome lumbar, lumbar disc with radiculitis and low back pain. The treatment plan included a refill of the medications and an epidural steroid injection. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 2 Right L4, L5 and S1 Lumbar Transforaminal Epidural Steroid Injections: 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): 46.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend for repeat epidural steroid injections there should be documentation of greater than 50% relief of pain for 6 to 8 weeks. There should be documentation of objective functional improvement and an objective decrease in medications for the same duration. The clinical documentation submitted for review indicated the injured worker had relief of 50% for 8 weeks; however, there was a lack of documentation of objective functional improvement and an objective decrease in pain medications for the same duration of time. Additionally, there was a lack of documentation indicating a necessity for 2 injections without documented response to the first injection that is being requested. Given the above, the prospective request for 2 right L4, L5, and S1 lumbar transforaminal epidural steroid injection is not medically necessary.