

Case Number:	CM15-0023166		
Date Assigned:	02/12/2015	Date of Injury:	01/17/2014
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 58-year-old male who reported an injury on 01/17/2014. The mechanism of injury was due to pushing a car up an incline. His diagnoses include lumbosacral neuritis and radicular syndrome of the lower limbs. His past treatments include injections, physical therapy, and medications. On 01/08/2015, the injured worker complained of pain radiating down into his leg. The injured worker also noted that gabapentin seemed to help him. His pain index was indicated to be at a 4/10. A physical examination was not provided for review. His relevant medications were noted to include naproxen 500 mg, metoprolol 25 mg, amlodipine 5 mg, hydrochlorothiazide 25 mg, famotidine 40 mg, Atorvastatin 40 mg and Losartan 25 mg. The treatment plan included a lumbar translaminar epidural steroid injection as previous injections had good effects. A request for authorization form was submitted on 01/22/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Translaminar epidural injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for Lumbar Translaminar epidural injections is not medically necessary. According to the California MTUS Guidelines, repeat injections are based upon continued objective documentation of pain relief and objective functional improvement to include at least 50% pain relief with associated reduction in medication use for 6 to 8 weeks. The injured worker was noted to have had good effects from a previous epidural steroid injection. However, there was a lack of documentation in regards to the date of the previous injection, objective functional improvement, objective decrease in pain of at least 50%, and associated reduction of medication use for at least 6 to 8 weeks. In addition, the request as submitted failed to specify the intended levels for the request. As such, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.