

Case Number:	CM14-0110518		
Date Assigned:	09/03/2014	Date of Injury:	08/17/2007
Decision Date:	10/27/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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:

This patient is a 55 yo who was injured 8/17/07 and now has headache, neck, mid and low back pain. He states the pain is due to overuse at work as a technician, with frequent heavy lifting and repetitive movements. EMG shows possible lumbosacral radiculopathy by report. He had prior physical therapy, which the patient felt was ineffective. He has also used TENS in the past. He uses a back brace. His treating provider is requesting an appeal of the 6/26/14 denial for lumbar epidural steroid injection. He has been prescribed Opana ER (MS Contin in the past), Percocet, Neurontin, Robaxin, baclofen, and Flexeril this year. He had some complication with narcotic medications (Opana), making him feel foggy, and they were decreased.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: 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 Guidelines Epidural Steroid injections, Page(s):) 46.

Decision rationale: Three transforaminal lumbar steroid injections were requested 4/28/14 (three) and 5/27/14 (one). There was no indication of what level(s) would be injected. Although

reference was made to an EMG study, none was provided for review. MTUS guidelines note that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient meets the criteria for being unresponsive to conservative treatment, including physical therapy, multiple medications. No more than two nerve root levels should be injected using transforaminal blocks. (No documentation of what levels are to be injected). No more than one interlaminar level should be injected at one session. Although three injections were originally requested, the MTUS doesn't support "series-of-three" injections for diagnosis or therapeutic benefit. No more than 2 epidural steroid injections are recommended. There is not enough medical evidence to support the necessity of having an epidural steroid injection. The denial is upheld.