

Case Number:	CM14-0116652		
Date Assigned:	08/06/2014	Date of Injury:	02/14/2011
Decision Date:	10/09/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 65-year-old male was reportedly injured on 2/14/2011. The most recent progress note, dated 6/18/2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated lumbar spine whether the patient had an antalgic gait on the left, difficulty performing heel-toe walk on the right, and unable to perform on the left. There was diffuse tenderness over the paraspinal musculature of the lumbar spine. Moderate facet tenderness noted at L4-S1. There were also positive Kemp's test and positive straight leg raise test seated right 70, left 60, supine right 60, and left 50. There was positive Farfan's test bilaterally. Decreased range of motion was noted in the lumbar spine. Decreased sensation was along the left L4-L5 dermatome. No recent diagnostic studies are available for review. Previous treatment included epidural steroid injections, medications, and conservative treatment. A request had been made for 2nd epidural steroid injection left L4-L5 and L5-S1 and was not certified in the pre-authorization process on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) second left L4-L5 and left L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS guidelines supports 2nd epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, it was noted the injured worker had 50-60% relief from the epidural steroid injection on 5/19/2014. However, he was taking the same amount of medication. Therefore, even though the claimant had a decrease in radicular pain and symptoms, there is no decrease in the use of his pain medication. Therefore, this request for a 2nd epidural steroid injection is deemed not medically necessary. As such, the requested procedure is deemed not medically necessary.