

Case Number:	CM14-0133977		
Date Assigned:	08/25/2014	Date of Injury:	10/17/2013
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/18/2014

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 California. 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 47 year old male who has developed chronic low back pain subsequent to an injury dated 10/17/13. He has been diagnosed with a lumbar radiculopathy and has been treated with epidural injections X's 2, trigger point injections, physical therapy, acupuncture and oral analgesics. It is clearly documented that the first 2 epidurals provided no significant benefits in terms of function or pain relief. It is documented that the patient wants to try a 3rd injection before surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR EPIDURAL L4-L5: Upheld

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

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

Decision rationale: MTUS Guidelines are very clear that only 2 injections are adequate to establish if they will be of significant benefit. They have not been significantly beneficial to this patient. A series of 3 injections are no longer recommended due to the use of fluoroscopic positioning. The older procedure method "missed the target" a substantial percentage of the time

and a series of 3 was often recommended. This is no longer appropriate. The request for a 3rd Bilateral Lumbar Epidural L4-L5 is not medically necessary.