

Case Number:	CM14-0166298		
Date Assigned:	10/13/2014	Date of Injury:	02/08/2002
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family 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 injured worker's date of injury is 02/08/2002. Medical records regarding the original injury were not provided. This patient receives treatment for chronic low back pain with radiation to the lower extremities. The treating physician states the patient back pain has a pattern: "the course has been increasing." There is dull ache with radiation to the lateral portion of the right leg and lateral aspect of the left leg. A lumbar MRI on 04/17/2014 showed a small central and left posterolateral herniation at L5-S1 and moderate L4-L5 facet arthropathy. In January 2014 the patient had rhizotomy at L3-L5. On 05/14/2014 the patient had a transforaminal ESI at right L5 and Left L5. The patient is opioid dependent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural: 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 Injections (ESIs.) Page(s): 46.

Decision rationale: The treatment guidelines require that there must be documentation of unresponsiveness to conservative therapy; e.g. physical therapy and exercises. Repeat blocks

must be accompanied by documentation of improvement of function, which is not provided. There must also be documentation of radiculopathy, which fits the dermatome and MRI findings. Based on the documentation, the request for an additional ESI is not medically indicated.