

Case Number:	CM14-0167812		
Date Assigned:	10/15/2014	Date of Injury:	02/26/2001
Decision Date:	11/18/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/12/2014

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 Texas. 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:

Medical records reflect the claimant is a 52 year old male who sustained a work injury on 2-26-01. The claimant is status post bilateral laminectomy and partial facetectomy L4-L5, L5-S1 with PLIF L4-L5 and L5-S1 on 5-6-03. On 11-4-03 he underwent explantation of BGS lumbar and ACDF C5-C6, C6-C7 and C7-T1. He had explantation of hardware pedicle screw instrumentation with repeat posterolateral fusion L4-L5 and L5-S1 on 8-30-04. On 1-7-08, the claimant underwent bilateral laminectomy L3-L4 with exploration and repeat fusion. He is status post lumbar XLIF at L2-L3 with interspinous fixation on 2-11-13. Medical Records reflect the claimant had a cervical epidural steroid injection on 6-3-14. Office visit on 6-6-14 noted the claimant had little to no cervical pain and full range of motion. Medical Records reflect that on 7-1-14 the claimant underwent transforaminal L3-L4 lumbar epidural steroid injection. Office visit on 7-1-14 notes the claimant is unchanged. He was continued on his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter - lumbar epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). This claimant has continued on the same medications. There is an absence in documentation noting that he has had more than 50% in pain relief in association with reduction of medications. Therefore, the medical necessity of this request is not established.