

Case Number:	CM14-0082969		
Date Assigned:	07/25/2014	Date of Injury:	02/08/1999
Decision Date:	09/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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, a 49 year old woman, was injured 2/8/1999 and is now appealing the 5/14/14 denial of a lumbosacral transforaminal epidural injection. She had a prior epidural steroid injection with subjective reports of 90% improvement from pain for 8 weeks, and 90% improved function. She states she was doing more and resting better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foramen Epidural Steroid Injection to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injection Page(s): 46.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines portion of the MTUS notes that no more than two epidural injections are recommended for any given level. A second one should only be approved if continued objective documented pain and functional improvement exists, 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. The injured worker physician has not demonstrated objective improvement in function for this patient

following initial epidural steroid injection, as required by the guidelines for approval of a second injection. Therefore, the request for Foramen Epidural Steroid Injection to the lumbar spine is not medically necessary and appropriate.