MAXIMUS Federal Services

Case Number:	CM14-0099736		
Date Assigned:	09/16/2014	Date of Injury:	03/22/2008
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/30/2014

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 Illinois. 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 injured worker is a 50-year-old retired fire captain with a date of injury of March 22, 2008. He was treated with a steroid injection, medications, and physical therapy. On January 4, 2011 he had a lumbar decompression surgery with foraminotomy posterior stabilization at L4-S1. On an office note dated June 4, 2014, it is stated that he experiences pain and numbness in an L3 distribution, left more than right. His symptoms are relieved with Tylenol and nonsteroidal anti-inflammatory drugs. A CT myelogram performed on Aril 11, 2014 showed bilateral neural foraminal stenosis above his fusion site, at L3-4. It is presumed his radicular symptoms are caused by degenerative disc disease above his fusion site.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 transforaminal Epidural Steroid Injection under moderate sedation: Overturned

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

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

Decision rationale: The purpose of epidural steroid injections is to reduce pain and inflammation, restore range of motion and thereby facilitate progress in more active treatment programs. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). This injured worker has complaints of lower back pain with radiation to his right and left legs and evidence of degenerative disc disease at L3-4 by imaging. He has been treated with a steroid injection, medications, physical therapy and surgery without complete relief. The request for Bilateral L3 transforaminal Epidural Steroid Injection under moderate sedation meets the criteria and is therefore medically necessary.