

Case Number:	CM15-0074727		
Date Assigned:	04/24/2015	Date of Injury:	02/26/2010
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 58-year-old male injured worker suffered an industrial injury on 02/26/2010. The diagnoses included chronic left sided low back pain, chronic right knee pain, and left shoulder pain. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications and epidural steroid injections. On 3/3/2015 the treating provider reported ongoing evaluation of low back pain with radicular symptoms to the left lower extremity as well as right knee pain. On exam there was positive straight leg raise and decreased sensation of the left greater toe. The treatment plan included epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. The documentation states that the patient had a 50% pain reduction but the documentation is not clear that the patient had a reduction of medications for 6-8 weeks after the 8/1/14 epidural steroid injection. Therefore the request for another epidural steroid injection is not medically necessary.