

Case Number:	CM14-0142998		
Date Assigned:	09/10/2014	Date of Injury:	06/11/2006
Decision Date:	10/20/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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 Internal 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:

The injured worker is a 43 year old male whose date of injury is 06/11/2006. The mechanism of injury is described as lifting a pizza pan while standing in a bent forward position. Treatment to date includes lumbar discectomy and laminectomy on 06/11/06, low back surgery on 09/13/06 for herniated disc, and lumbar fusion on 07/12/07, epidural steroid injection x 2 (dates of service 04/05/14 and 06/28/14) and medication management. Progress note dated 07/09/14 indicates that the injured worker's pain and intake of medications decreased with an increase in his functional capabilities. On physical examination there is decreased lumbar range of motion. There is tenderness to palpation along lumbar paraspinal musculature with paraspinal spasms and tightness. Diagnoses are status post instrumented fusion 360 degree lumbar spine, status post lumbar epidural steroid injections, GI gastritis, exogenous obesity and symptoms of anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

3rd lumbar caudal Epidural Steroid Injection L3-L4, L4-L5 Qty: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: Based on the clinical information provided, the request for 3rd lumbar caudal epidural steroid injection L3-4, L4-5 qty 2 is not recommended as medically necessary. The injured worker underwent most recent epidural steroid injection on 06/28/14. The most recent office visit note submitted for review is dated 07/09/14, less than 2 weeks after the injection. CA MTUS guidelines require documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection. This is not documented in the submitted clinical records, and is not established in accordance with CA MTUS guidelines. Therefore, the request is not medically necessary.