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| Case Number: | CM14-0152955 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 02/19/2008 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 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:

This patient is a 51 y/o male who developed chronic low back pain with radiculitis subsequent to an injury dated 2/19/08. He has received a total of 5 epidural injections between the years of '08 and '12. The last injection is reported to provide significant pain relief that has lasted almost 2 years and was associated with no opioid use and dramatic improvements in functional tolerances. His recent evaluations have documented diminished sensation in the dermatomes corresponding with the epidural request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal Epidural Steroid Injections at L3-L4: Overturned

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

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

Decision rationale: MTUS Guidelines support repeating epidural injections if the prior injections resulted in significant pain relief as evidenced by diminished medication use and the benefits lasted for several weeks. The Guidelines do not recommend repeat imaging between injections to re-establish a radiculopathy or radiculitis. This patient continues to have a clinical

picture supportive of a radicular symptoms and he received 2 years of relief from the last injection(s)., Under these circumstances, the request for repeat bilateral L3-4 transforaminal injections is consistent with Guidelines and is medically necessary.

Fluoroscopic Guidance: Overturned

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 Injections Page(s): 46.

Decision rationale: MTUS Guidelines and general practice standards mandate the use of Fluoroscopic Guidance for transforaminal epidural injections. The Fluoroscopic Guidance is medically necessary.