

Case Number:	CM13-0022834		
Date Assigned:	01/10/2014	Date of Injury:	03/25/1991
Decision Date:	03/25/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 physician 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 patient is a 43-year-old female who reported an injury on 03/25/1991. The mechanism of injury was not specifically stated. The patient is currently diagnosed with failed back syndrome, postlaminectomy pain syndrome, epidural fibrosis, emotional factors, status post lumbar laminotomy, and myofascial pain syndrome. The patient was seen by [REDACTED] on 11/27/2013. The patient reported 6/10 lower back and lower extremity pain. Physical examination revealed intact sensation with only tightness in the lumbar spine and myofascial restriction. Treatment recommendations included continuation of current medications and a lumbar epidural steroid block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Lumbar Epidural Steroid Block L4-5 x 2: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. As per the documentation submitted, there is no evidence of radiculopathy upon physical examination on the requesting date of 11/27/2013. The patient has previously undergone several epidural steroid injections. However, documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the procedure was not provided. There is no evidence of a recent failure to respond to conservative treatment. There is also no documentation of this patient's active participation in a functional restoration program. The request for two epidural steroid injections is not medically appropriate. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.