

Case Number:	CM13-0024402		
Date Assigned:	11/20/2013	Date of Injury:	07/08/2009
Decision Date:	01/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 California, Ohio and Pennsylvania. 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 underlying date of injury in this case is 07/08/2009. The primary treating diagnosis is lumbar radiculitis with an L4-S1 bulge. Treating physician notes indicate that as of 08/30/2013, the patient reported 100% improvement since a second epidural injection of 07/22/2013. The patient had also undergone a first injection on 04/22/2013. As of 08/30/2013, the patient had improved range of motion with no focal neurological deficits and with reduced medication use. A prior physician review noted that the records did not support indication for an additional epidural injection. A treating physician follow-up note of 09/25/2013 reviewed the patient's ongoing permanent disability with regard to her right knee. The patient reported that she could not work at full capacity due to complex regional pain syndrome. Prior MRI of the lumbar spine of 07/29/2013 demonstrated discopathy at L4-5 and L5-S1 with bilateral neural foraminal narrowing and some desiccation and disc space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third L4-S1 epidural steroid injection under fluoroscopic guidance: 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 Injection Section Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The medical records do not provide a rationale for a third epidural injection in contrast to the treatment guidelines. This request is not medically necessary.