

Case Number:	CM13-0025667		
Date Assigned:	03/26/2014	Date of Injury:	09/08/2011
Decision Date:	06/10/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/17/2013

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 Neurosurgery 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 patient is a 41 year old female whose date of injury is 09/08/11. The patient reports that on the date of injury she was loading her truck doing repetitive loading from a higher than normal dock pick up when she developed pain in her low back. Initial treatment included physical therapy and work restrictions. Note dated 06/19/13 indicates that work hardening was recently authorized. The patient is status post right hip arthroscopic surgery on 01/11/13. The patient reportedly underwent an epidural steroid injection in November 2012 which helped back pain. Note dated 08/14/13 indicates that the patient had an epidural steroid injection which did not help. She had a second epidural which helped a lot. Permanent and stationary report dated 11/25/13 indicates that on physical examination straight leg raising causes hamstring tightness bilaterally. Sensation is subjectively normal. The patient was given 5% whole person impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (ESI) AT RIGHT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, 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 lumbar epidural steroid injection at right L5-S1 is not recommended as medically necessary. The patient has undergone prior epidural steroid injections; however, the submitted records fail to document at least 50% pain relief for at least 6 weeks as required by CA MTUS guidelines prior to performance of repeat epidural steroid injection. The patient's physical examination fails to establish the presence of active lumbar radiculopathy, and there are no imaging studies/electrodiagnostic results provided to support the diagnosis. Medical necessity for the requested service has not been established. The requested service is not medically necessary.