

Case Number:	CM13-0030298		
Date Assigned:	11/27/2013	Date of Injury:	02/11/2012
Decision Date:	05/20/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine & Rehabilitation 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 46-year-old female who reported injury on 02/11/2012. The mechanism of injury was the injured worker went to step down from a stepstool when her left foot stepped on a broomstick and the injured worker fell. The documentation of 07/10/2013 indicated the injured worker had tenderness to palpation more pronounced over the paraspinal area. The injured worker's diagnosis included cervical spine and lumbar spine HNP. The treatment plan was not filled out on the documentation. There was no DWC Form RFA nor PR-2 submitted for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT TRANSFORAMINAL LESI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a

general recommendation of no more than 4 blocks per region per year. The clinical documentation submitted for review indicated the injured worker had had a prior epidural steroid injection. There was lack of documentation of the above as there was no documentation of a PR-2 or DWC Form RFA submitted with the request. The request as submitted failed to indicate the laterality as well as the level for the requested service. Given the above, the request for repeat transforaminal epidural steroid injection is not medically necessary.