

Case Number:	CM13-0035157		
Date Assigned:	04/21/2014	Date of Injury:	05/03/2012
Decision Date:	05/23/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/16/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 29-year-old female who reported an injury on 05/03/2012. The mechanism of injury was not specifically stated. The current diagnoses include lumbosacral strain, small central disc herniation at L3-4, and advanced degenerative disc disease at L5-S1. The injured worker was evaluated on 08/29/2013. The injured worker reported an improvement in symptoms. Physical examination revealed 75% lumbar range of motion, 4/5 strength in the right EHL, intact sensation, negative straight leg raising, and symmetrical reflexes. The treatment recommendations at that time included continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

3RD EPIDURAL STEROID INJECTION AT L3-L4 ON THE RIGHT: Upheld

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

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. There was no evidence of radiculopathy upon physical examination. There is also

no documentation of 50% pain relief with associated reduction of medication use following the initial injections. There were no imaging studies or electrodiagnostic reports submitted for review. There was also no evidence of a recent unresponsiveness to conservative treatment. Based on the aforementioned points, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.