

Case Number:	CM13-0036137		
Date Assigned:	12/13/2013	Date of Injury:	01/22/2010
Decision Date:	02/05/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine, has a subspecialty in Pain Management 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 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.

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 claimant is a 59-year-old female who sustained a work related lifting injury on January 22, 2010. The patient was working as a driver for [REDACTED] when she sustained the injury to her neck and lower back. She reports that she had been on this job since 1978. She states that on the day of injury, while working for the aforementioned employer, she was manually lifting 80 to 100 cans filled with diet water garbage with the help of a co-worker. She notes that the cans weighed 30 to 125 pounds each. She noticed an acute onset of right-side lower back pain while lifting the cans and reported the injury to her supervisor. She continues with her work shift, went home and sought medical treatment at Urgent Care on the next day. She was seen and examined by [REDACTED], occupational health doctor, who prescribed pain medications and anti-inflammatory medications. The patient has undergone previous diagnostic work including three MRI scans performed on August 13, 2010, July 1, 2013 and August 1, 2013. Conservative treatments were initiated including a course of physical therapy, which provided her with mild pain relief. Her last physical therapy session was performed approximately two years ago. She had acupuncture therapy and chiropractic treatment, which provided her with mild pain relief along with performing an exercise program regularly, which also provides her with mild pain relief. The patient also received a lumbar epidural steroid injection, administered by [REDACTED] on April 23, 2011, which provided mild pain relief for 6 to 8 weeks. She received another lumbar epidural steroid injection at the right L4 level on August 19, 2013, which provided mild pain relief for 3 to 4 weeks. Currently the patient complains of pain in the lower back, with radiation to the bilateral lower extremities, right greater than left. She also complains of pain in the left arm and left hand. Her lower back pain radiates down to her bilateral lower extremities. The pa

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Transforaminal ESI: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: This patient has had two epidural steroid injections in the past. The guideline recommends not more than two epidural steroid injections. Also, the pain relief did not last up to six to eight weeks as the guideline suggested. Therefore the request for right L4-L5 Transforaminal ESI is not medically necessary.