

Case Number:	CM13-0041710		
Date Assigned:	12/20/2013	Date of Injury:	05/16/2012
Decision Date:	02/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and the District of Columbia. 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 patient is a 36-year-old female who was injured on 05/16/12. The patient states that she was injured at work while doing her usual duties as a co-manager for [REDACTED]. She states that she was pulling a cart when four boxes fell and landed on her face. The injury was reported to her employer. She was initially referred by her employer to [REDACTED] where x-rays were performed. She was treated with medication. She now reports that she has been experiencing pain at the back of her head, right arm, mid back and lower back. In the most recent medical examination dated 9/19/2013, the treating physician stated that the patient was in for a follow-up for lumbar spine. The patient had felt worse and had been having moderate to severe pain in the lumbar spine. On physical examination, the patient had a slow-gait. There was "triggers" at the lumbar spine. The patient was diagnosed with 1) L4-S1 degenerative joint disease 2) Foramen facet at L5-S1 3) Radiculopathy 4) unspecified myalgia/myositis 5) Disc herniation without myelopathy and 6) sciatic neuritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third Epidural Steroid Facet Injection L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Section Page(s): 46 OF 127.

Decision rationale: The Physician Reviewer's decision rationale: With respect to third Epidural Steroid Facet Injection L4-S1, did not meet CA-MTUS guideline criteria. According to CA MTUS guideline, current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The guideline recommends no more than 2 ESI injections. Therefore the request for third Epidural Steroid Facet Injection L4-S1 is not medically necessary and appropriate