MAXIMUS Federal Services

Case Number:	CM13-0045699		
Date Assigned:	12/27/2013	Date of Injury:	03/06/2012
Decision Date:	11/12/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine 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 31-year-old female who reported an injury on 03/06/2012. The mechanism of injury was not provided. The injured worker has a diagnoses of disc protrusion lumbar spine, and lumbar radiculopathy. Past medical treatment included chiropractor therapy, medications, ESI, and physical therapy. Diagnostic testing included x-ray of the lumbosacral spine on 10/08/2004, and an MRI of lumbar spine on 08/07/2012. There was no pertinent surgical history provided. The injured worker complained of pain to neck and back. The injured worker stated having her first epidural injection administered on 10/04/2013 did not help. Her back pain is 75%, and leg pain is 20% to 25%. The physical examination of lumbar spine revealed tenderness at L3-S1. Medications were not provided. The treatment plan is for L4-5 epidural steroid injection (ESI), #2. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Epidural Steroid Injection (ESI), #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker complained of pain to neck and back. The injured worker stated having her first epidural injection administered on 10/04/2013 did not help. The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain and radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The guidelines indicate repeat blocks should be based on continued objective documented pain 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 documentation submitted for review indicates that the injured worker has had prior epidural steroid injections with minimal results. There is a lack of documentation indicating whether the injured worker had at least 50% pain relief with associated reduction of medication use and improved function for six to eight weeks. There is a lack of documentation indicating the injured worker has significant findings which demonstrate significant neurologic deficit upon physical examination. Therefore, the request for Epidural steroid injection for left side L3-4 is not medically necessary.