

Case Number:	CM13-0054800		
Date Assigned:	04/16/2014	Date of Injury:	06/30/2001
Decision Date:	05/23/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/20/2013

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, has a subspecialty in Sports 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 54-year-old female who reported injury on June 03, 2001. The injured worker underwent a trans laminar lumbar epidural steroid injection of L5-S1 on October 08, 2013. The documentation of October 15, 2013 revealed that the injured worker had an MRI in June 2009, which revealed multi spondylosis and postoperative changes. The injured worker was noted to have a dorsal column stimulator implant. The diagnosis included low back pain. The request was made for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: 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 Injection Page(s): 46.

Decision rationale: The 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 (6) to eight (8) weeks, with a general recommendation of no more than four (4) blocks per region per year. The clinical

documentation submitted for review indicated the injured worker had undergone an epidural steroid injection on October 08, 2013. There was a lack of documentation of objective functional benefit that was received from the injection. There was a lack of objective documented pain relief, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The request as submitted failed to indicate the laterality, as well as the level for the injection. Given the above, the request for lumbar epidural steroid injection is not medically necessary.