

Case Number:	CM13-0056542		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2012
Decision Date:	05/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/22/2013

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 has a subspecialty in 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 52-year-old female who reported an injury on 09/14/2012. The mechanism of injury was noted to be the injured worker was sitting in the break room when the chair she was on collapsed and the injured worker fell. The injured worker was treated with physical therapy and epidural steroid injections. The injured worker was also treated with chiropractic care. The injured worker had an epidural steroid injection on 04/19/2013. The level of injection was at L4-5. The injured worker's diagnosis was intervertebral disc displacement of the thoracic or lumbar intervertebral disc without myelopathy. The submitted request is for lumbar epidural steroid injection at L3-4, a second 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 at L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: California MTUS Guidelines recommend a repeat epidural steroid injection when there is documented objective pain relief and functional improvement, including at least

50% pain relief with associated reduction of medication use for 6 to 8 weeks. There was no DWC Form RFA or PR-2 submitted with an objective physical examination to support the necessity for a repeat injection or to provide documentation of the above criteria. The prior injection, dated 04/19/2013, was for the L4-5 level. If the injection was to be at the requested level, it would be a first injection, and an MRI report would need to be available for review and there would need to be documentation of a failure of conservative treatment for the pain. The request as submitted failed to indicate the laterality. Given the above and the lack of clarity, the request for lumbar epidural steroid injection at L3-4 is not medically necessary.