

Case Number:	CM13-0060981		
Date Assigned:	12/30/2013	Date of Injury:	12/22/2001
Decision Date:	04/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 60 year old female who reported an injury on 12/22/2001. The mechanism of injury was not specifically stated. The patient is currently diagnosed with hip pain, chronic pain due to trauma, status post lumbar spine surgery, cervical spine stenosis, lumbar spine stenosis, and complex regional pain syndrome type I. The patient was recently seen on 11/06/2013. Physical examination revealed allodynia to light touch with positive color change in the right lower extremity, atrophic changes over the dorsum of the foot and nails, temperature change between the left and right lower extremities, and a well healed midline surgical incision. Treatment recommendations included an epidural steroid injection at L4-5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) L4-5: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other

rehab efforts. As per the documentation submitted, the patient has been treated with an epidural steroid injection in the past. However, there is no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. There were no imaging studies or electrodiagnostic reports submitted for review. There was also no evidence of a recent failure to respond to conservative treatment. Based on the clinical information received, the request is non-certified