

Case Number:	CM13-0062960		
Date Assigned:	12/30/2013	Date of Injury:	01/08/2008
Decision Date:	05/08/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 01/08/2008 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine, low back, and right shoulder. The injured worker's treatment history included physical therapy, aquatic therapy, activity modifications, and epidural steroid injections. The patient underwent an MRI in 04/2012 that documented the patient had mild right foraminal narrowing and a disc bulge at the L3-4, and evidence of facet arthrosis and hypertrophy mild left foraminal narrowing and minimal right foraminal and minimal central canal stenosis. The injured worker was evaluated on 08/27/2013. It was documented that the injured worker continued to have functional benefit from an epidural steroid injection from 06/2013. The injured worker was again evaluated on 10/02/2013. It was documented that the patient had continued low back pain that was improved with aquatic therapy. The physical examination from that day included no signs of sedation, alert and oriented, and assisted ambulation with a walker due to an antalgic gait. The injured worker's diagnoses included chronic regional myofascial pain, right shoulder impingement, exacerbated lumbar pain with radiculopathy, chronic cervical pain with radiculopathy, and depression and anxiety. The injured worker's treatment plan included repeat epidural steroid injection as previous injections have provided improvement in symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR EPIDURAL INJECTION AT L4-5: 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 Page(s): 46.

Decision rationale: California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% pain relief for 6 to 8 weeks with associated improvements with functional capabilities. The clinical documentation submitted for review does indicate that the injured worker underwent an epidural steroid injection in 06/2013. However, the benefit of that injection is only vaguely described. There is not a quantitative assessment of pain relief or documentation of significant functional benefit related to the previous injection. Additionally, the injured worker's most recent physical evaluation does not provide any neurological deficits to support radiculopathy that would benefit from an epidural steroid injection. As such, the requested lumbar epidural steroid injection at L4-5 is not medically necessary or appropriate.