

Case Number:	CM13-0064041		
Date Assigned:	01/03/2014	Date of Injury:	04/15/2013
Decision Date:	04/18/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 patient is a 56-year-old female who reported an injury on April 15, 2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar myoligamentous injury with left lower extremity radicular symptoms, cervical spine sprain, bilateral shoulder sprain, and medication induced gastritis. The patient was seen by [REDACTED] on December 20, 2013. The patient recently underwent the first of 2 diagnostic lumbar epidural steroid injections on September 30, 2013. The patient only reported 50% pain relief for two and a half weeks. The patient currently reports 6/10 pain. Physical examination of the lumbar spine revealed tenderness to palpation, numerous trigger points, diminished range of motion, and decreased sensation. The patient demonstrated 5/5 motor strength in bilateral lower extremities. Treatment recommendations included a second lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND LUMBAR EPIDURAL STEROID INJECTION (LESI) AT THE LEFT L4-L5 LEVEL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The 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 underwent an initial epidural steroid injection on September 30, 2013. However, there is no documentation of 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. There is also no documentation of unresponsiveness to recent conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for review. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified