

Case Number:	CM13-0064392		
Date Assigned:	01/03/2014	Date of Injury:	12/03/1987
Decision Date:	05/16/2014	UR Denial Date:	11/26/2013
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 and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 12/03/1987. The mechanism of injury was not provided for review. The injured worker's treatment history included epidural steroid injections, failed back surgery, and spinal cord stimulator implantation. The injured worker was evaluated on 10/30/2013. It was documented that the injured worker had low back pain rated at an 8/10 to 9/10. Physical findings included decreased sensation to touch in the L5-S1 distribution and decreased range of motion of the right knee with bilateral allodynia and dry cracking skin. The injured worker's treatment plan included an 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 Page(s): 46.

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

Decision rationale: The requested lumbar epidural steroid injection is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% improvement in pain levels for approximately 6 to 8

weeks. The clinical documentation does indicate that the patient has previously undergone epidural steroid injections. However, the efficacy of those injections was not adequately provided. Additionally, the request as it is submitted does not specifically identify a level. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested lumbar epidural steroid injections are not medically necessary or appropriate