

Case Number:	CM14-0103348		
Date Assigned:	07/30/2014	Date of Injury:	10/05/1999
Decision Date:	08/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 Pain Management and is licensed to practice in California. 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 47-year-old female with a reported history of industrial injury on October 05, 1999. The mechanism of injury has been reported as repetitive stress injury. The listed diagnoses are: neck pain, mild lateral epicondylitis, possible tendinitis, left shoulder, lumbar radiculopathy, plantar fasciitis, and major depressive disorder. Reported treatment has consisted of activity modifications, oral analgesics, physical therapy, interventional pain management procedures, and participation in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Epidural Injection at L3, and L5: 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 (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections, therapeutic.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines do not apply to this request given the chronicity of the reported condition. Therefore the California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines

have been applied. According to the cited guidelines, in the therapeutic phase, repeat epidural steroid injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Upon review of the submitted clinical notes, the injured worker has been previously treated with lumbar epidural steroid injections but the date of the last epidural steroid injection/s, the percentage of pain relief, duration of pain relief and documentation of improved function is absent. Medical necessity has not been established.