

Case Number:	CM14-0011193		
Date Assigned:	02/21/2014	Date of Injury:	06/19/2010
Decision Date:	06/25/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/28/2014

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 Internal Medicine 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 40 year old female who reported an injury to her low back. The clinical note dated 11/20/13 indicates the injured worker had demonstrated some improvements regarding the use of chiropractic therapy in the low back. The therapy note dated 01/15/14 indicates the injured worker having completed 19 chiropractic therapy sessions to date. The utilization review dated 01/17/14 resulted in a denial for an epidural steroid injection in the lumbar region as a lack of radicular symptoms were identified in the submitted documentation. Additionally, the injured worker did report improvements with recent chiropractic therapy. The clinical note dated 02/22/14 indicates the injured worker having undergone a Toradol injection. There is an indication the injured worker is undergoing adjustments which was resulting in some benefit. The injured worker described the low back pain as a burning sensation with a dull ache, numbness, and radiating sharp shooting pain. The injured worker rated the pain as 6/10. The clinical note dated 03/06/14 indicates the injured worker continuing with low back complaints. The note indicates the injured worker utilizing Oxycontin for pain relief. The injured worker was working with limitation restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL LUMBAR ESI: Upheld

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

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

Decision rationale: The documentation indicates the injured worker complaining of low back pain with radiating pain to the lower extremities. An epidural steroid injection would be indicated provided the injured worker meets specific criteria to include clinical exam confirms the injured worker's radiculopathy findings corroborated with the imaging studies. No information was submitted regarding the injured worker's reflex, strength, or sensation deficits in the appropriate distributions. Therefore, it does not appear that the requested Epidural Steroid Injection would be the appropriate treatment for this injured worker at this time. Therefore, the request is not medically necessary.