

Case Number:	CM14-0014333		
Date Assigned:	02/26/2014	Date of Injury:	09/30/1997
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/04/2014

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 Neurological Surgery, 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 who sustained an injury on September 30, 2007, when she fell. Current diagnoses include low back pain with lower extremity radiation, chronic pain syndrome, and neuropathic complaints as well as a history of depression. An MRI of the lumbar spine dated December 2012 revealed a disc bulge at L3/L4 with mild spinal stenosis and mild degenerative changes at L4/L5. There is a history of bilateral facet rhizotomies performed from L3 through S1 on July 17, 2013. A previous epidural steroid injection on an unknown date provided excellent but short term relief. A physical examination dated December 11, 2013, noted tenderness at the lumbosacral junction and intact distal muscle strength. No formal neurological examination was performed. A second lumbar epidural steroid injection was recommended.

 

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR EPIDURAL INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN Page(s): 46.

Decision rationale: The chronic pain medical treatment guidelines specifically require that there be documented evidence of a radiculopathy as well as evidence of failure of other conservative treatment modalities. Neither of these issues are addressed in the attached medical record or the most recent visit by this patient on December 11, 2013. This information should be supplied prior to making request for additional epidural steroid injections. This request is not clinically indicated.