

Case Number:	CM14-0015741		
Date Assigned:	03/03/2014	Date of Injury:	08/28/2009
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported injury on 01/19/2006. The mechanism of injury was a cumulative trauma. The injured worker underwent a 3 level spine surgery on 05/01/2009 and on 09/01/2010 a left shoulder surgery. There was no DWC Form, RFA, or PR-2 submitted for the requested service. The treatment plan was a lumbar epidural steroid injection, bilateral L4-5 and L5-S1 per the submitted request as submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION, BILATERAL L4-5 AND L5-S1: 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections when there are documented objective findings of radiculopathy that are corroborated by imaging studies and/or electrodiagnostic testing. The injured worker's pain must be initially unresponsive to conservative care. The clinical documentation submitted for review failed to provide documentation of an MRI or EMG to support the necessity for an epidural steroid injection.

There was a lack of documentation indicating objective findings and indicating the injured worker had failed conservative care. There was no PR-2, DWC Form, or RFA submitted with the requested procedure. Given the above and the lack of documentation, the request for lumbar epidural steroid injection bilateral L4-5 and L5-S1 is not medically necessary.