

Case Number:	CM14-0017168		
Date Assigned:	04/14/2014	Date of Injury:	04/03/2007
Decision Date:	05/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 67-year-old female who reported injury on 04/03/2007. The mechanism of injury was not provided. The documentation indicated the injured worker underwent an epidural steroid injection on 10/13/2012 which provided 80% pain relief for greater than 1 year. The documentation of 01/15/2014 revealed the injured worker indicated that she was ready for her epidural. The PR-2 was difficult to read as it was handwritten. The diagnoses include status post lumbar laminectomy syndrome and occipital headaches. The treatment was a request for a repeat epidural due to the 80% relief and 13 months relief from pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTIONS AT LEVELS L3, L4, AND L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The California MTUS Guidelines recommend for repeat epidural steroid injections there must be objective documented pain relief and objective functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks.

The clinical documentation submitted for review indicated the injured worker had pain relief of 80% for more than 1 year. However, there was a lack of documentation indicating the injured worker had objective functional improvement and had an associated reduction of medication use for 6 to 8 weeks. The physical examination failed to establish that the injured worker had myotomal or dermatomal findings to support the necessity for an epidural steroid injection. Given the above, the request for epidural steroid injections at levels L3, L4, and L5 are not medically necessary.