

Case Number:	CM14-0139033		
Date Assigned:	09/05/2014	Date of Injury:	01/15/2008
Decision Date:	11/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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 and Rehabilitation 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 55-year-old female who reported an injury after stepping off a forklift on 01/15/2008. The only clinical data submitted for this injured worker was a psychological evaluation of 06/08/2014. On the Beck Depression Inventory, she scored a 40, indicating a severe level of subjective depression. On the Beck Anxiety Inventory, she scored a total of 19, indicating a moderate level of subjective anxiety. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46,78.22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 46.

Decision rationale: The request for lumbar transforaminal epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. They can offer short term pain relief and use should be in conjunction with other rehab efforts,

including continuing a home exercise program. There is little information on improved function. There was no documentation submitted regarding a physical or medical condition requiring the need for an epidural steroid injection. The clinical information submitted failed to meet the evidence based guidelines for an ESI. Therefore, this request for lumbar transforaminal epidural steroid injection is not medically necessary.