

Case Number:	CM14-0154258		
Date Assigned:	09/23/2014	Date of Injury:	12/30/2011
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/22/2014

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 Pain 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 42-year-old female who reported an injury on 12/30/2011. The mechanism of injury was not stated. The current diagnoses include lumbar disc protrusion, lumbar radiculopathy, and possible T12 fracture. The injured worker was evaluated on 08/04/2014. Previous conservative treatment is noted to include lumbar epidural steroid injection and medication management. The injured worker presented with complaints of 8/10 worsening lower back pain with weakness, numbness, and pain in the right lower extremity. Physical examination revealed tenderness to palpation, diminished strength in the lower extremities, intact sensation, and limited lumbar range of motion. Treatment recommendations at that time included a second lumbar epidural steroid injection. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Repeat blocks are based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. There was no documentation of objective improvement following the initial injection. Therefore, a repeat injection cannot be determined as medically appropriate in this case. Additionally, there is no specific level at which the epidural injection will be administered listed in the request. As such, the request is not medically appropriate.