

Case Number:	CM14-0168241		
Date Assigned:	10/23/2014	Date of Injury:	06/30/1999
Decision Date:	11/21/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family 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 patient is a female with a date of injury on 1/10/00. The medical records were reviewed. The patient injured her back while lifting and moving heavy boxes for many years. The patient received physical therapy initially which was not helpful. On 8/12/00 patient had a disc removal surgery at the level of L5. The patient states she never recovered from the surgery. On 10/2000 patient had another surgery - Laminectomy and insertion of titanium pins. The patient stated it helped minimally. The diagnosis includes chronic failed back syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. It is considered second line therapy. Based on the patient's medical records there is contradicting information related by the

patient about how she was injured and if the pain is improving or not. Based on this an epidural steroid injection would not benefit her. There is no home exercise therapy mentioned. Therefore, this request is not medically necessary.