

Case Number:	CM14-0177937		
Date Assigned:	10/31/2014	Date of Injury:	01/05/2007
Decision Date:	12/08/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/27/2014

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 & Rehabilitation, and is licensed to practice in Texas & Oklahoma. 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 59-year-old female who reported an injury on 01/05/2007. The mechanism of injury occurred when the injured worker was sitting in a chair that broke. The medications were noted to include Norco 10/325 mg 3 times a day, cyclobenzaprine 7.5 mg twice a day, Prozac 20 mg daily, Effexor XR twice a day, and Celexa 20 mg daily. The surgical history was not provided. Other therapies were not provided. Prior therapies included epidural steroid injections. The injured worker underwent an MRI of the lumbar spine and cervical spine. The injured worker underwent electrodiagnostic studies. The documentation of 10/02/2014 revealed the injured worker had low back pain and left leg pain. The injured worker was noted to be continuing to utilize the medications, and it was noted that they were helping. The documentation indicated a request for an epidural steroid injection was denied, as the injured worker had no documentation as to the benefit of the prior procedure. The physical examination revealed sensation was intact, however was slightly diminished in the left L4 and L5 distributions. The documentation indicated the injured worker had an injection that reduced the pain for over 6 months. The pain was reduced by 50%. The request had been made for an extension on authorization, not a new authorization. The documentation indicated during the 6 months, the injured worker was able to perform more activities, and started swimming on a regular basis and walk more. The injured worker was noted to take fewer medications. The diagnoses included lumbar radiculitis, shoulder pain, and lumbago. The original date of request could not be established. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal Lumbar Epidural Steroid Injection at the Left L3, L4 and L5:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs) Page(s).

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective functional improvement for 6 to 8 weeks, a reduction of pain greater than or equal to 50%, and documentation of a decrease in medications. The clinical documentation submitted for review met the above criteria. Given the above, the request for 1 Transforaminal Lumbar Epidural Steroid Injection at the left L3, L4, and L5 is medically necessary.