

Case Number:	CM14-0023829		
Date Assigned:	06/16/2014	Date of Injury:	08/24/2011
Decision Date:	08/11/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 75 year old male whose date of injury is 08/24/11. Treatment to date includes physical therapy and L5-S1 epidural steroid injections. Medical legal evaluation dated 01/13/14 indicates that the injured worker underwent lumbar epidural steroid injection at L2-3 on 11/13/13 which provided 50% pain relief for one week. Diagnosis is displacement of intervertebral disc site without myelopathy and arthropathy unspecified sites.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE L2-L3 THERAPEUTIC PHASE EPIDURAL STEROID INJECTIONS: Upheld

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

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

Decision rationale: There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy and no imaging studies/electrodiagnostic results were provided to support the diagnosis as required by Chronic Pain Medical Treatment Guidelines. Additionally, the injured worker underwent prior L2-3 epidural steroid injection and reported 50% pain relief for only one week. Chronic Pain Medical Treatment Guidelines require

documentation of at least 50% pain relief for at least 6 weeks prior to repeat epidural steroid injection. Based on the clinical information provided, the request for one L2-3 therapeutic phase epidural steroid injection is not recommended as medically necessary.