

Case Number:	CM14-0035472		
Date Assigned:	06/23/2014	Date of Injury:	05/05/2005
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Orthopedic Surgery 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 54-year-old female injured on May 5, 2005. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 6, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated spasms and decreased lumbar spine motion secondary to pain. There was a normal lower extremity neurological examination. Left sided trigger point injections were provided. The treatment plan included x-rays of the cervical spine, an MRI of the cervical spine and prescriptions for Norco and Soma. A request had been made for lumbar epidural steroid injections and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One outpatient lumbar epidural steroid injection (ESI) bilaterally for L2-3 level: Upheld

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

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

Decision rationale: The attached medical record states that previous lumbar epidural steroid injections were certified on November 13, 2013, however, it is unclear what date these injections

were performed or any efficacy that they have provided. The Chronic Pain Medical Treatment Guidelines recommend documentation of at least 50% pain relief from injections for 6 to 8 weeks before considering additional injections. Without this information, this request for lumbar epidural steroid injections bilaterally at the L2-L3 level is not medically necessary.