

Case Number:	CM14-0035609		
Date Assigned:	06/23/2014	Date of Injury:	03/01/1981
Decision Date:	07/22/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 and 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 72-year-old male who reported an injury on 03/01/1982 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. Treatment history includes physical therapy, medications, and multiple epidural steroid injections. The injured worker's most recent epidural steroid injection was on 04/08/2013. Evaluation on 05/06/2013, documented that the patient had 75% pain relief resulting from the 3 prior injections. Evaluation on 02/14/2014, documented that the injured worker had 6 months of pain relief from the previous epidural steroid injection. The patient has had a return of symptoms. Physical findings included tenderness in the L3 through the L4 with decreased lumbar range of motion. A request was made for an additional lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection times one (1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The California MTUS Guidelines recommends repeat epidural steroid injections for patients with radicular symptoms that have had at least a 50% improvement in pain levels and an increase in functional capabilities resulting from prior injections. The clinical documentation submitted for review does indicate that the injured worker has had 3 prior injections with a reported 75% improvement in symptoms. However, the injured worker's most recent clinical evaluation does not provide any evidence of radicular symptoms that would benefit from an additional injection. Furthermore, the request as it is submitted does not identify level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for a lumbar epidural steroid injection, quantity 1 is not medically necessary and appropriate.