

Case Number:	CM14-0039447		
Date Assigned:	06/27/2014	Date of Injury:	09/19/2011
Decision Date:	08/18/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/03/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 48 year-old female who was reportedly injured on September 19, 2011. The mechanism of injury is noted as a slip and fall type event. Previous treatment includes orthopedic care, medicines, and other interventions. A psychological evaluation was completed on May 15, 2014. A pain disorder and a major depressive disorder were diagnosed and weekly psychological counseling was started. There is no physical examination findings reported, and diagnostic imaging studies were not presented for review. A request was made for a lumbar epidural steroid injection and was not certified in the pre-authorization process on March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection with sedation, L4-L5: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 46 of 127.

Decision rationale: The medical records presented for review were limited to psychiatric analyses. There was no competent clinical assessment demonstrating a verifiable radiculopathy

or better neuropathy. As outlined in the California Medical Treatment Utilization Schedule, epidural steroid injections are supported when there is documentation corroborated by imaging and other diagnostic studies of a radiculopathy. Given the lack of clinical ration, there is no medical necessity established for this request.