

Case Number:	CM14-0051758		
Date Assigned:	06/23/2014	Date of Injury:	04/18/2011
Decision Date:	07/18/2014	UR Denial Date:	03/10/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 47 year old female who reported an injury on 04/18/2011 of unknown mechanism of injury. The injured worker had a history back pain and bilateral leg pain with a diagnosis of status post L4-S1 anterior-posterior fusion, disc degenerative disease and pars defect above. The Physical examination reveals intractable back pain with radiculopathy, tenderness, exquisite at the right lumbosacral T12-L3 with a straight leg raise bilaterally at 30 degrees. The MRI revealed neural foraminal compromise at the T12-L3 with facet joint arthropathies. The injured worker had a history of physical therapy prior to 01/2014 however no outcome noted. The chart note dated 01/20/2014 indicated the injured worker had an epidural steroid injection, however no mention of date of if the injured worker had relief from pain. The medications include Flexeril 10, Klonopin 1.0mg 3 times a day, Mobic 15 mg 1 tablet daily, Neurontin 300 mg 3 times a day, Percocet 10/325 mg 1 tablet every 6 hours and Xanax 0.5 mg 1 tablet 3 times a day. The authorization form dated 06/23/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections: Upheld

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

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

Decision rationale: The request for epidural steroid injection is non-certified. The California Guidelines recommend an epidural steroid injection as an option for treatment of radicular pain distribution. Most current guidelines recommend no more than 2 epidural steroid injections. This is in contradiction to previous generally cited and should be initially unresponsive to conservative care. The documentation stated that the injured worker had an epidural steroid injection however no location or how the injured worker tolerated the procedure. The documentation was evident that the injured worker received physical therapy however no length of session or if any progression was made also no quantifiable measure given her medications of Mobic 15 mg one tablet daily, Neurontin 300mg 3 times a day, Percocet 10/325mg 1 tablet every 6 hours and Xanax 0.5mg 3 times a day. The chart note also indicates that the injured worker may have possible allergy to steroid medication. The request did not state the location of the epidural steroid injection was to be performed. As such, the request for epidural steroid injection is non-certified.