

Case Number:	CM14-0058925		
Date Assigned:	07/09/2014	Date of Injury:	03/03/1998
Decision Date:	11/14/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/29/2014

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 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 72 year-old female with a date of injury of 3/3/1998. The patient's industrially related diagnoses include chronic low back pain, lumbar spinal stenosis and lumbar radiculopathy. The patient also has rheumatoid arthritis, asthma, and hip pain. She has radicular symptoms rated 7 out of 10 in a progress note on 4/24/2014. The disputed issue is a request for a lumbar transforaminal steroid injection x 3. A utilization review determination had noncertified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 3 Bilateral L5-S1 Transforaminal Injections: 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 Page(s): 46-47 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. The Chronic Pain Medical

Treatment Guidelines further states: "Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs." Given the nature of this request for a series of 3 injections, this request is not medically necessary.