

Case Number:	CM14-0066836		
Date Assigned:	07/14/2014	Date of Injury:	02/16/2013
Decision Date:	08/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/12/2014

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 California and Washington. 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 23-year-old male who reported injury on 02/16/2013. The mechanism of injury was the injured worker was carrying dishes weighing approximately 40 pounds and the claimant slipped and fell. The documentation indicated the claimant's prior treatments included physical therapy and an injection with temporary relief on 02/27/2014. Additional treatments included acupuncture. The documentation of 04/01/2014 revealed the claimant had improved and had less pain. The claimant continued with a moderate pain level of 5/10 to 6/10 that came and went. The claimant was noted to be taking medications as prescribed. The documentation indicated the prior epidural steroid injection helped for 4 weeks, and now the pain was coming back. The treatment plan included a repeat epidural steroid injection and labs for medical clearance. The diagnoses included lumbago and displacement of the lumbar intervertebral disc.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Steroid Epidural Injection at L5-S1 low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 79.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% decrease in pain with associated medication reduction for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a reduction in pain for 4 weeks. However, there was a lack of documentation indicating the reduction in pain was the equivalent of 50% or greater, and there was a lack of documentation of objective functional benefit, as well as a decrease in medication use for 6 to 8w. Given the above, the request for repeat lumbar epidural steroid injection at L5-S1, low back, is not medically necessary and appropriate.

Labs for medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 79.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.