

Case Number:	CM14-0092470		
Date Assigned:	07/25/2014	Date of Injury:	08/17/2012
Decision Date:	12/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/18/2014

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 Family 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 patient has a date of injury on 8/17/2012. The mechanism of injury is not given in the medical records. Diagnosis includes: spinal stenosis, radiculopathy, sciatica, cervical and lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 & L5-S1 ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, ESIs are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 ESI injections. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Based on the medical records, it does not show that conservative treatment options have been tried and thus ESI is not medically necessary at this time.

