

Case Number:	CM15-0100822		
Date Assigned:	06/03/2015	Date of Injury:	03/30/2001
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old female, who sustained an industrial injury on 03/30/2001. On provider visit dated 04/21/2015 the injured worker has reported back pain radiating from low back to bilateral legs to feet. On examination the lumbar spine revealed a surgical scar and incision lines. Range of motion was restricted. On palpation paravertebral muscles, tenderness was noted on both sides. Lumbar facet loading was positive on both sides. Straight leg raise test was positive on both sides. The diagnoses have included Post Lumbar Laminectomy Syndrome and Lumbar Radiculopathy. Per documentation previous caudal epidural steroid injections were helpful and to allowed the injured worker to continued work. The injured worker is status post lumbar discectomy/decompression L4-5 on 07/08/2014. Treatment to date has included medication, steroid injections and chiropractic sessions. The provider requested unknown injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The IW has undergone multiple prior injections including caudal steroid injections. According to review of past records recent injections have not resulted in sustained significant decrease in pain level or medication requirement. Without the specific location of injection site, name of medications to be injected and dosage, the request for "unknown injection" are not medically necessary or appropriate.