

Case Number:	CM15-0183044		
Date Assigned:	09/23/2015	Date of Injury:	10/09/2013
Decision Date:	10/28/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on 10-09-2013. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included diagnostics, physical therapy, transforaminal lumbar epidural steroid injection (7-08-2015), and medications. Many documents within the submitted medical records were handwritten and difficult to decipher. Qualified Medical Evaluation report (3-20-2015) noted previous multiple requests for epidural steroid injections, with recommendation for evaluation by an orthopedic spinal surgeon to determine if an epidural injection and therapy would be the most appropriate initial treatment. Pain ratings varied between 6 and 10 on 7-08-2015. On 7-22-2015, it was documented that she "had one epidural injection which helped a lot" and "groin pain was better". Objective findings were difficult to decipher. Currently (8-24-2015), the injured worker complains of persistent lumbar pain. It was documented that she received one epidural injection and it "helped 20%". Objective findings were difficult to decipher. Current medication regimen was not documented. She remained off work. The treatment plan included lumbar spine epidural steroid injections (second and third), non-certified by Utilization Review on 9-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

LS epidural injections @ 2 &3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, epidural injections should provide at least 50% benefit for over for 2 months. In this case, the prior MEG did not show radiculopathy and prior MRI showed not nerve root compression. In addition, the amount of benefit received from prior ESI was no substantial. The request for additional ESI is not medically necessary.