

Case Number:	CM14-0125722		
Date Assigned:	09/24/2014	Date of Injury:	10/24/2012
Decision Date:	10/24/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 65-year-old female who reported an injury on 10/24/2012 after transferring a patient. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included acupuncture, physical therapy, and an epidural steroid injection. It is noted that the injured worker's last epidural steroid injection was in 07/2013. The injured worker underwent an electrodiagnostic study in 08/2013 that documented there was chronic right L4 radiculopathy. The injured worker was evaluated on 07/14/2014. It was noted that the injured worker had received some symptomatic relief of the lumbar spine from the previous epidural steroid injection. The physical findings included tenderness to palpation over the paravertebral musculature with spasming and guarding with numbness over the anterolateral aspect of the right leg, and decreased range of motion. The injured worker's diagnoses included musculoligamentous strain of the lumbar spine, bilateral radiculitis, and herniated discogenic disease at multiple levels. The injured worker's treatment plan included a repeat epidural steroid injection. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Epidural Steroid Injection to Lumbar Spine: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule recommends repeat epidural steroid injections be based on at least 50% pain relief with documented improvement in function. The clinical documentation submitted for review does indicate that the injured worker had pain improvements; however, a quantitative assessment of the injured worker's pain relief to support the efficacy of the initial injection was not provided. Additionally, California Medical Treatment Utilization Schedule recommends pain relief for duration of at least 4 to 6 weeks to support an additional injection. The clinical documentation submitted for review does not adequately address the injured worker's duration of relief. Therefore, an additional injection would not be supported. Also, the request as it is submitted does not clearly identify a laterality or level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, this request is not medically necessary.