

Case Number:	CM14-0129936		
Date Assigned:	09/22/2014	Date of Injury:	12/14/2005
Decision Date:	10/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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 64-year-old male who reported an injury of unspecified mechanism on 12/14/2005. On 07/11/2014, his diagnosis was "lumbar disc". His complaints included significant back pain as well as radicular pain in the posterior aspect of the right leg. It was noted that he had significant disc disease at the L4-5 level by MRI. On an unknown date, he did receive an epidural block which seemed to help temporarily, but his pain had worsened. He was having difficulty walking because of the pain. His treatment plan stated that since he had responded quite well to epidurals in the past, it was recommended for him to have repeated epidural lumbar injections to maintain mobility. A request for authorization dated 07/16/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection. (Series of three): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The request for a Lumbar Epidural Steroid Injection, series of 3, is not medically necessary. The California MTUS Guidelines recommend Epidural Steroid Injections as an option for treatment of radicular pain, but no more than 2 ESI injections. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The guidelines do not support this request. Therefore, the request for the lumbar Epidural Steroid Injections, series of 3, is not medically necessary.