

Case Number:	CM14-0160169		
Date Assigned:	10/03/2014	Date of Injury:	09/02/1989
Decision Date:	10/30/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 Illinois. 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 50-year-old female who reported an injury on 09/02/1989. The mechanism of injury was not provided. The injured worker has diagnoses of cervical spondylosis, lumbosacral spondylosis, and degenerative lumbar disc disease. The past medical treatment included acupuncture, block injections, chiropractic therapy, occupational therapy, medications, pain psychology, TENS unit, physical therapy, and surgery. Diagnostic testing were not provided. The injured worker underwent laminectomy with fusion of C3-C6 in 1990. The injured worker complained of pain to right leg, upper limb, cervical spine, low back, and hip on 08/26/2014. The injured worker rated pain at 4/10 with pain medications. The physical examination revealed muscle aches and weakness and arthralgia/joint pain, back pain, and swelling in the joints. Medications included methadone 10 mg, oxycodone 15 mg. The treatment plan is for steroid injections at L3-4, L4-5, and L5-S1. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid injections at L3-4, L4-5, and L5-S1: 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: The request for Steroid injections at L3-4, L4-5, and L5-S1 is not medically necessary. The injured worker complained of pain to right leg, upper limb, cervical spine, low back, and hip on 08/26/2014. The California MTUS guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The guidelines indicate repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The documentation submitted for review indicates that the injured worker has had prior epidural steroid injections; however does not state the results of the injection. There is a lack of documentation indicating whether the injured worker had at least 50% pain relief with associated reduction of medication use and improved function for six to eight weeks. There is a lack of documentation indicating the injured worker has significant findings which demonstrate significant neurologic deficit upon physical examination. Therefore, the request for Steroid injections at L3-4, L4-5, and L5-S1 is not medically necessary.