

Case Number:	CM14-0165379		
Date Assigned:	10/10/2014	Date of Injury:	12/17/2009
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 56 year old female who sustained a work injury on 12-17-09. Office visit on 9-11-14 notes the claimant has low back pain rated as 5/10 on a good pain and 10/10 on a bad day. On exam, the claimant has positive SLR, low back tenderness, patchy loss of sensation in L5-S1 dermatomes and diminished reflex in the left ankle. The claimant has had epidural steroid injection in the past with benefit in 2010. She has been treated with medications, acupuncture and chiropractic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 level.: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - epidural steroid injection

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that in the therapeutic phase, 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 claimant had prior epidural steroid injection without documentation of more than 50% pain relief. Additionally, the type of epidural steroid injection is not documented in this request. Therefore, the medical necessity of this request is not established. Therefore, the request is not medically necessary.