

Case Number:	CM14-0183612		
Date Assigned:	11/10/2014	Date of Injury:	03/26/2009
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 Family Medicine and is licensed to practice in New Jersey and New York. 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 45 year-old female who injured her lumbar spine on 3/26/09. She complained of lower back pain radiating to right lower extremity. She has a tender lumbar spine with normal sensation and motor strength of bilateral lower extremities. The patient did not have an MRI or EMG on file. She was diagnosed with lumbalgia, lumbar spondylosis, lumbar radiculopathy, and knee pain. In 2013, she had three lumbar epidural steroid injections with improvement. She was also treated with medications and physical therapy. Her medications included Lunesta, Vicodin, Tylenol, Motrin, Tramadol. The current request is for an additional epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection at L5-S1: 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 injections Page(s): 46.

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, no more than 2 epidural steroid injections are recommended. The patient has had

three injections "with improvement". There was no specific objective evidence of documented improvement in pain and functional capacity. At least 50% pain relief with associated reduction of medication use for 6-8 weeks should be documented. The patient's response to conservative treatment such as medications, physical therapy and medications was not documented. There was no MRI report or EMG findings to corroborate radiculopathy found on physical exam. Because of these reasons, the request is considered not medically necessary.

Fluoroscopic guided injection: 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 rationale: The request is considered not medically necessary. Because the epidural steroid injection is considered not medically necessary, flurosocopy is not needed at this time.

Moderate conscious sedation: 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 rationale: The request is considered not medically necessary. Because the epidural steroid injection is considered not medically necessary, moderate conscious sedation is not needed at this time.