

Case Number:	CM14-0028869		
Date Assigned:	06/23/2014	Date of Injury:	06/12/2008
Decision Date:	08/18/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 42-year-old female who reported an injury on 06/12/2008. The mechanism of injury was not provided. On 03/13/2014, the injured worker presented with pain in the low back and the legs. Upon exam, there was a positive impingement sign in the right shoulder and decreased range of motion of the back. Prior therapy included an epidural steroid injection and medications. The provider recommended a right L4-5, L5-S1 epidural steroid injection; the provider's rationale was not provided. The Request for Authorization form was dated 08/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5, L5-S1 Epidural Steroid Injections: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or

electrodiagnostic testing. Additionally, documentation should show that the injured worker was initially unresponsive to conservative treatment. Injections should be performed using fluoroscopy and no more than 2 levels should be injected using transforaminal blocks. The documentation submitted for review had a lack of evidence of the injured worker being initially unresponsive to conservative treatment. There was no positive provocative testing to include a positive bilateral straight leg raise that would demonstrate radiculopathy. More clarification would be needed to address motor strength and sensory deficits. An adequate examination of the injured worker was not provided detailing current deficits to warrant an epidural steroid injection. Additionally, there was documentation on 09/06/2013 revealing an epidural steroid injection for the requested sites that were performed; however, there was no documentation of a positive response to treatment to include at least a 50% reduction in pain and medication for up to 6 weeks. Based on the above, the request is not medically necessary.