

Case Number:	CM15-0011116		
Date Assigned:	01/29/2015	Date of Injury:	11/28/1999
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/21/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female who reported an injury on 11/28/1999. Her diagnoses include postlaminectomy syndrome of the lumbar region, radicular syndrome of the lower limbs, unspecified drug dependence, and insomnia. Past treatments included medication and surgery. On 12/03/2014, the injured worker complained of low back, and leg pain. The injured worker's pain was indicated to be 9/10 with medications and 4/10 without medications. The patient was also indicated to have denied panic or anxiety attacks, symptoms of sadness, suicidal ideations, and was not receiving psychiatric or behavioral treatments. Case notes indicated the injured worker had an epidural steroid injection on 06/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back chapter; EMGs (electromyography)

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

Decision rationale: The request for L3-L4 lumbar epidural steroid injection is not medically necessary. According to the California MTUS Guidelines, repeat epidural steroid injections may be indicated if objective documented pain and functional improvement including at least 50% pain and reduction of medication for at least 6 to 8 weeks. The injured worker was indicated to have had previous lumbar epidural steroid injections. However, there was lack of documentation to support at least 50% pain relief, improvement in function, and reduction in medications for at least 6 to 8 weeks. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.