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| Case Number: | CM15-0095285 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 01/29/2008 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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: Family Practice

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 53 year old female who sustained an industrial injury on 1/29/08. The injured worker was diagnosed as having cervical degenerative disc disease, carpal tunnel syndrome, pain in joint forearm, pain in joint lower leg, lumbar degenerative disc disease, lumbago, cervicalgia and fibromyalgia/myofascial pain. Currently, the injured worker was with complaints of left knee pain. Previous treatments included home exercise program, physical therapy and medication management. The plan of care was for an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar (L4-L5) Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Epidural Steroid Injections (ESIs), therapeutic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: This patient receives treatment for cervical disc disease, carpal tunnel syndrome, and low back pain with radiculopathy from degenerative lumbar disc disease. This review addresses a request for a second epidural steroid injection at L4-L5 on the left. The patient had one injection on 03/05/2015 with some relief of discomfort. The guidelines state that there must be documentation of a benefit in order for a second "therapeutic" ESI to be indicated. These clinical factors include documentation of a reduction in pain, a decrease need for analgesics, and an improvement in function. The documentation does not show this. Based on the documentation, an epidural steroid injection at L4-L5 on the left is not medically necessary.