

Case Number:	CM14-0058448		
Date Assigned:	07/09/2014	Date of Injury:	10/22/2010
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/29/2014

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 45-year-old female who reported injury on 10/22/2010. Prior treatment included physical therapy. The mechanism of injury was not provided. The injured worker underwent chiropractic care. The mechanism of injury was a trip and fall. Other treatments included acupuncture. The injured worker underwent extracorporeal shockwave therapy. The documentation of 10/15/2013 revealed the injured worker had a lumbar epidural steroid injection in 07/2013 with an overall 80% decrease of radicular lower extremity pain and 70% to 75% decrease in low back pain. The pain was noted to be returning and worsening. The treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural steroid injection L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines recommend a repeat epidural steroid injection when there is documentation of objective pain relief of at least 50% with associated

reduction of medication use for 6 to 8 weeks. There should be documentation of functional improvement. The clinical documentation submitted for review indicated the injured worker had an 80% decrease of the radicular lower extremity pain and 70% to 75% decrease of the low back pain. However, there was a lack of documentation indicating the injured worker had associated reduction in medication use and objective functional improvement. Additionally, the request as submitted failed to indicate the laterality for the request. Given the above, the request for lumbar epidural steroid injection L4-S1 is not medically necessary.