

Case Number:	CM13-0015740		
Date Assigned:	10/10/2013	Date of Injury:	10/15/2012
Decision Date:	04/17/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 patient is a 49-year-old male who reported an injury on 10/15/12. The mechanism of injury was lifting. The documentation dated 8/8/13 revealed that the patient had an initial lumbar spine epidural steroid injection at L5-S1 on 7/10/13. The patient indicated that he had 50% relief of low back symptoms. It was indicated that the relief lasted for several weeks; after which, it began to increase. The patient's pain was preinjection level. The physical examination revealed that the patient had a positive facet loading test. The seated straight leg raise test was positive on the left, reproducing the patient's complaints of pain extending to the posterolateral left foot. The sensory evaluation revealed decreased gross acuity in the L3-5 dermatome, left side greater than right. The left S1 dermatome was depressed as compared to the right S1 dermatome. There was gross motor weakness on the left with scores of 5-/5 for the left ankle inversion and eversion with the right being 5/5. The deep tendon reflexes were 1/4 at the bilateral patellae and Achilles tendons. The request was made for a second lumbar epidural steroid injection. The patient's diagnoses were noted to be a lumbar strain and lumbar disc bulges.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L5-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 Page(s): 46.

Decision rationale: The California MTUS guidelines indicate that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for 6-8 weeks. The clinical documentation submitted for review indicated that the patient had 50% pain relief. The improvement was noted to have lasted for several weeks. There was a lack of documentation, however, of the patient's objective functional improvement and of an objective decrease in the patient's medication use for 6-8 weeks. Given the above, the request for a lumbar epidural steroid injection at L5-S1 is not medically necessary