

Case Number:	CM13-0022514		
Date Assigned:	12/11/2013	Date of Injury:	11/28/2012
Decision Date:	10/16/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	09/10/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 34-year-old female who reported an injury on 11/28/2012. The mechanism of injury was not provided. On 06/10/2013, the injured worker presented post left sacroiliac joint injection. On 05/23/2013, a reported significant relief and improvement after the injection. On examination of the lumbar spine, there was a normal bilateral straight leg raise. There was negative tenderness bilaterally. Sensory examination revealed L1-S1 with normal sensation. 5/5 strength. The diagnoses were lumbosacral sprain, probable sacroiliac joint dysfunction, lumbar facet syndrome, and lumbar disc degeneration at L2-3. Current medications included Valium, Celebrex, and Ultracet. The provider recommended an epidural steroid injection at L4-5. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A Lumbar Epidural Steroid Injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for A lumbar epidural steroid injection at L4-5 is not medically necessary. According to 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 and/or electrodiagnostic studies. In addition, documentation should show the injured worker was initially unresponsive to conservative treatment. Injection should be performed with the use of fluoroscopy for guidance, and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review stated that the injured worker had a previous epidural steroid injection. The previous injection did not provide the injured worker with a greater than 50% pain relief for at least 6 weeks with associated reduction of medication. There is a negative bilateral straight leg raise, normal sensation, and normal strength noted. There was a lack of documentation of physical examination findings and MRI and electrodiagnostic studies that corroborate radiculopathy. In addition, documentation failed to show the injured worker would be participating in an active treatment program following the requested injection. The provider's request did not indicate the use of fluoroscopy for guidance. Based on the above, the request is not medically necessary.