

Case Number:	CM13-0026144		
Date Assigned:	11/22/2013	Date of Injury:	07/17/2009
Decision Date:	04/17/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

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, and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 07/17/2009. The mechanism of injury was cumulative trauma. The patient had a lumbar epidural steroid injection bilaterally at L5-S1 on 07/29/2013. The documentation of 08/16/2013 revealed the patient had the epidural steroid injection which provided 60% pain relief to the low back, as well as radicular symptoms to the right leg and had improved the patient's mobility and activity tolerance. It was indicated the patient has been able to perform simple activities of daily living including bathing and dressing with less pain. The patient was able to ambulate further distances with less flare-up. The submitted request was for an epidural steroid injection at L5-S1 bilateral to the lumbar spine. The patient's diagnoses were noted to include lumbar post-laminectomy syndrome status post L4-5 interbody on 01/04/2010, right femur status post ORIF on 01/04/2013 and right lower extremity radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL STEROID INJECTION (ESI) AT L5-S1 BILATERAL TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID I.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STEROID INJECTIONS, PAGE 46 Page(s): 46.

Decision rationale: California MTUS Guidelines recommend for a repeat epidural steroid injection there must be documentation of objective pain decrease, objective measurable functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the patient had 60% pain relief; however, it failed to provide documentation of objective pain relief per a decrease in the VAS score and documentation of objective functional improvement, as well as, a reduction of medication use for 6 to 8 weeks. There was lack of DWC Form RFA to support the request and give the date of service being requested for review. Given the above and the lack of documentation of myotomal and dermatomal findings to support the necessity for an epidural steroid injection, the request for epidural steroid injection (ESI) at L5-S1 bilateral to the lumbar spine is not medically necessary.