

Case Number:	CM13-0036188		
Date Assigned:	03/19/2014	Date of Injury:	01/30/2012
Decision Date:	04/23/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/18/2013

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 Medicine, 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 27-year-old who reported an injury on January 30, 2012. The mechanism of injury was not provided. The patient's diagnosis was lumbosacral sprain. The evaluation of September 9, 2013, revealed the patient had a prior lumbar epidural steroid injection with a 50% decrease in pain and a noticeable increase in function. The objective examination revealed the patient had decreased lumbosacral range of motion and motor strength of 5/5 in the lower extremities. The patient had decreased light touch sensation in the legs and a positive straight leg raise. The request was for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend for repeat Epidural steroid injection, there must be objective documented pain relief and functional

improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than four blocks per region per year. The clinical documentation submitted for review indicated the patient had a 50% decrease in pain. However, there was a lack of documentation of an objective decrease according to the visual analog scale, and there was a lack of documentation of objective findings functional benefit that was received. There was a lack of documentation indicating when the prior epidural steroid injection was. Additionally, there was a lack of documentation indicating the patient had an objective decrease of medication use for six to eight weeks. The physical examination revealed the patient had motor strength of 5/5 and decreased light touch sensation in both legs with a positive straight leg raise. However, there was a lack of myotomal or dermatomal findings to support the patient had radiculopathy. The patient had a positive straight leg raise; however, there was a lack of documentation indicating the patient had radiating pain with the leg raise. The request as submitted failed to indicate the laterality as well as the level of injection being requested and the quantity.