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| Case Number: | CM13-0040634 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 12/06/2001 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

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, has a subspecialty in 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 injured worker is a 53-year-old female who reported an injury on 12/06/2001. The mechanism of injury was the injured worker was exiting her key when she was assaulted physically and sexually by 3 individuals. The injured worker underwent a left epidural steroid injection at L5-S1 on 09/15/2009. Documentation of 08/26/2013 revealed the injured worker reported 100% reduction in pain and had good relief for 2 to 3 months after the epidural steroid injection. The complaints on the day of examination revealed the injured worker had low back pain radiating the left lower extremity. Physical examination revealed deep tendon reflexes were symmetrical. Sensation was decreased in the left L5 dermatome. The patient had a positive straight leg raise. The extensor hallucis longus motor strength was 4/5 on the left. The diagnosis included lumbar discopathy. The treatment plan included an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TRANSFORAMINAL LESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is objective documented pain relief at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had a prior epidural steroid injection in 2009. There was documentation the patient had 100% pain relief for 2 to 3 months. However, there was a lack of documentation of associated medication reduction for 6 to 8 weeks and objective functional improvement. Given the above, the request for a left transforaminal LESI L5-S1 is not medically necessary.