

Case Number:	CM13-0044042		
Date Assigned:	12/27/2013	Date of Injury:	05/19/2010
Decision Date:	02/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology, 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 physician 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 Medical records provided for review indicate [REDACTED] performed an epidural steroid injection on 5/7/13 and reported on 5/26/13 that the claimant reported no significant relief. 11/30/12 EMG report by [REDACTED] reports electrodiagnostic evidence of right sciatic neuropathy, probable left sciatic neuropathy, and bilateral sural mononeuropathy, L>R. 12/7/12 report from [REDACTED] indicates that the claimant's current responses (to pain psychology testing) are "difficult to interpret because he only completed one of three recommended measures. It appears that high levels of maladaptive coping, and likely other psychological factors, continue to contribute to and maintain his experience of pain and disability." 5/7/2013 note indicates epidural steroid injection via right and left interlaminar approach at L5-S1. [REDACTED] 5/16/13 note indicates for one day after ESI, he did not have much pain but pain then increased on the right side with the left side still doing well. He continues to have numbness in the feet and legs though it is not as intense. Pain went from 9/10 on VAS to 6/10 but can back to 9/10. 6/13/13 note indicated "he felt some relief for several days, but then the pain returned." "He states his pain has increased following the epidural injection, he has spent much of his time bedbound, mainly only getting up on good days to walk his dog." The examination was reported as showing weakness in left and right hip flexion, knee extension, right knee flexion, and left ankle dorsiflexion with parasthesias to light touch throughout the right lower leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar ESI injections at levels L1-L2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records provided for review do not demonstrate an adequate response to previous epidural steroid injection performed in support of repeat injection. No more than one interlaminar level should be injected at one session.

Repeat lumbar ESI injections at levels L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records provided for review do not demonstrate an adequate response to previous epidural steroid injection performed in support of repeat injection. No more than one interlaminar level should be injected at one session.