

Case Number:	CM13-0044631		
Date Assigned:	12/27/2013	Date of Injury:	03/19/1999
Decision Date:	03/05/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesia, has a subspecialty in Acupuncture 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 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 claimant is a 54 year old female injured worker with date of injury 3/19/99 with related low back pain. A 1/26/10 MRI of the lumbar spine revealed impingement upon the left S1 nerve root. She had caudal ESI on 1/21/13 that provided "excellent relief lasting 4 months." Per a 7/25/13 progress report, she states that her legs still have pain and are numb; she was at that time working at a desk job, off all narcotic medications with an occasional epidural. Medical records indicate a positive straight leg raise test on the left. She has been treated with rhizotomy, injections, spinal cord stimulator trial, TENS, physical therapy, acupuncture, and medications. The date of UR decision was 10/10/13

IMR ISSUES, DECISIONS AND RATIONALES

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

left L5-S1 epidural steroid injection: Overturned

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

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections (ESI) are used to reduce pain and inflammation, restoring range of motion and thereby

facilitating progress in more active treatment programs and avoiding surgery. According to submitted documentation, the injured worker underwent caudal ESI on 1/21/13 which she claimed provided excellent relief for four months. It was noted in the exams within 3 months of the last procedure that she desired to repeat the procedure. Furthermore, 1/26/10 MRI results of the lumbar spine revealed impingement upon the left S1 nerve root, which is consistent with a 10/7/13 progress note finding decreased sensation in lateral calf and dorsal lateral foot in the lower left extremity. While there is no documented evidence of associated reduction of medication use following prior ESI, it should be noted that the injured worker was off of all opiates and was able to return to work. The request is medically necessary and appropriate.