

Case Number:	CM13-0046504		
Date Assigned:	12/27/2013	Date of Injury:	05/06/2009
Decision Date:	04/02/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 52-year-old with a date of injury of 05/06/2009. The listed diagnoses per [REDACTED] dated 10/03/2013 are: (1) Failed back surgery syndrome, (2) Lumbar radiculopathy. According to report dated 10/03/2013 by [REDACTED], this patient is status post caudal epidural steroid injection that was performed on 09/10/2013. It was noted that patient is "doing very well" and the injections "helped for several weeks". The patient reports pain is starting to come back, and treater is requesting a second injection. On examination, patient showed on tenderness on palpation from L1 to the sacrum, tenderness and spasm noted bilaterally. Patient has decrease of range of motion on forward flexion and extension. There was positive straight leg raise on the right. Patrick's sign was also positive on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

A second caudal lumbar steroid injection at L4-5 and 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 Page(s): 46 - 47.

Decision rationale: This patient continues with low back pain. The treater is requesting a second epidural steroid injection (ESI) to L4-L5 and L5-S1, stating there was 80% relief after initial injection. The Chronic Pain Medical Treatment Guidelines recommend an ESI as an option for treatment of radicular pain defined as pain in dermatomal distribution with collaborating findings on imaging studies. For repeat injection during therapeutic phase, "Continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year". In this patient, while the treater indicates 80% reduction of pain after the initial ESI, there is no documentation of medication reduction and continued functional improvement. In addition, the treater does not specify the duration of relief other than "for several weeks," which is short of required 6-8 weeks. The request for a second caudal lumbar steroid injection at L4-5 and L5-S1 is not medically necessary or appropriate.