

Case Number:	CM13-0052220		
Date Assigned:	12/27/2013	Date of Injury:	12/08/2008
Decision Date:	03/17/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 female who reported an injury on 12/08/2008. The mechanism of injury was not provided for review. The patient developed chronic left leg pain and bilateral plantar fasciitis with low back pain radiating into the lower extremities. The patient's treatment history included tarsal tunnel release followed by postoperative physical therapy and an epidural steroid injection of the bilateral L5-S1 in 12/2012. The patient's most recent clinical documentation indicates that the patient had approximately 10 months of pain relief as result of that injection. The patient's most recent clinical findings included limited range of motion of the lumbar spine secondary to pain, positive guarding of the left lower extremity, and a positive right-sided straight leg raise test. The patient's diagnoses included chronic left shoulder tendinitis with impingement, plantar fasciitis of the bilateral feet, pain disorder with psychological overlay, and chronic bilateral low back and leg pain due to radiculopathy. The patient's treatment plan included an additional 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 at Right L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Epidural Steroid Injections(ESIs)..

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

Decision rationale: The requested lumbar epidural steroid injection at right L5 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections be based on at least 50% pain relief for at least 6 to 8 weeks with documentation of functional improvement. The clinical documentation submitted for review did provide evidence that the patient had pain relief for approximately 10 months. However, a quantitative assessment of pain relief and documentation of functional improvement was not provided. Therefore, the need for an additional epidural steroid injection is not clearly indicated. As such, the requested lumbar epidural steroid injection at the right L5 is not medically necessary or appropriate.