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| Case Number: | CM13-0064530 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 08/18/1997 |
| Decision Date: | 05/09/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/11/2013 |

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 36-year-old male who report an injury on 08/18/1997. The mechanism of injury was not provided. The documentation of 09/25/2013 revealed the injured worker had a transforaminal epidural steroid injection in 02/2013. The injured worker had relief for 1 week; however, the pain returned due to right knee. The injured worker noted that with past injections he had 70% relief for a couple weeks and it was easier to be more mobile, active at work, and the injured worker felt improvement with walking longer distance. The injured worker was status post right knee surgery 2.5 months prior to the 09/25/2013 visit. The physical examination revealed the injured worker had decreased range of motion and a positive straight leg raise on the right side in the sitting position. The injured worker was tender to light touch with tenderness over the right side and buttock area. The motor examination of the ankle dorsiflexors revealed 4/5 on the right, ankle plantar flexors were 4/5 on the right, and knee flexors and extensors were 4/5 on the right, and motor strength was 5/5 on the left. The sensory examination revealed the injured worker had light touch sensation that was decreased over the lateral foot, medial foot, lateral calf, and lateral thigh on the right side. Sensation to pinprick was decreased in the above areas on the right side as well. The reflex examination revealed 1/4 in the knee and ankle on the right, and 2/4 on the left. The diagnosis included lumbar radiculopathy and spinal lumbar DDD (Degenerative Disc Disease). The treatment plan included lumbar 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 INJECTION AT L5 AND S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESIs, Criteria for the use of Epidural Steroid Injections.

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

Decision rationale: California MTUS Guidelines recommend repeat epidural steroid injections when there is objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the prior injection in 02/2013 gave the injured worker relief for a week; however, the injured worker had difficulty with his right knee and subsequently underwent surgery. It further indicated that with past injections, the injured worker had 70% relief for a couple of weeks and it was easier to be mobile, active at work, and the injured worker felt improvement with walking longer distances. However, the clinical documentation submitted for review failed to indicate objective documented pain relief and functional improvement with associated medication use reduction for 6 to 8 weeks. The request as submitted failed to indicate the laterality for the requested service. Given the above, the request for lumbar epidural injection at L5-S1 is not medically necessary.