

<b>Case Number:</b>	CM13-0068317		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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, Pain Management 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 patient is a 36-year-old female who reported an injury on May 28, 2013. The injury occurred when the patient was lifting a heavy piece of tile and as the patient rose from a squatting position and turned to the side, she felt a sharp, stabbing pain in her back and shoulder region. The patient's diagnoses include sciatica. The documentation of November 15, 2013 revealed that the patient received a prior injection on October 31, 2013. The patient indicated that the injection provided relief. The physical examination revealed the patient's sensation was grossly intact. The patient had a straight leg raise that was positive on the right at 0 degrees to 30 degrees. The patient's electrodiagnostic studies were noted to be normal. The treatment plan included a repeat epidural steroid injection. It was indicated that the prior injection provided the patient 50% improvement in her symptoms. The patient was able to walk more comfortably and climb up and down stairs now. It was opined that given the improvement, the patient should undergo 1 or 2 more epidural steroid injections to see if her condition could be treated conservatively without surgery. Additionally, there was a request for a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **SECOND LUMBAR EPIDURAL STEROID INJECTION AT THE RIGHT L4-L5:**

Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend repeat epidural steroid injection when there is objective documented pain relief and objective functional improvement including at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. The clinical documentation submitted for review indicated the patient's epidural steroid injection was October 31, 2013 and the request was made on November 15, 2013. As such, there had not been sufficient time to indicate that the patient had an associated reduction of medication use for 6 to 8 weeks. There was documentation of objective functional improvement. There was lack of documentation of objective pain relief. Given the above, the request for a second lumbar epidural steroid injection at the right L4-L5 is not medically necessary.