

Case Number:	CM13-0071564		
Date Assigned:	01/08/2014	Date of Injury:	01/22/2012
Decision Date:	06/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 01/22/2012. The mechanism of injury was not provided. The injured worker underwent a left L4-5 and L5-S1 transforaminal epidural steroid injection on 04/04/2013. The clinical documentation of 11/21/2013 revealed the injured worker was taking Tylenol No. 3 and Prilosec. The objective examination revealed a positive straight leg raise at 60 degrees for radiating pain down the right posterior thigh. Deep tendon reflexes were 2+ in the patellar and Achilles tendon bilaterally. The diagnoses included lumbar spine sprain/strain, right lower extremity radiculitis and disc bulges at L5-S1 and left L5 nerve root impingement as well as an annular tear at L4-5 and L5- S1. The treatment plan included a second lumbar epidural injection and medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION (LESI) AT THE RIGHT L4-L5 AND L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend for an epidural steroid injection then should be documented radiculopathy upon objective physical examination that is corroborated by imaging studies and/or electrodiagnostic testing and it must be initially unresponsive to conservative treatment, and for a repeat epidural steroid injection there must be 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 injured worker had previously undergone a left L4-5, L5-S1 injection. There was a lack of documentation indicating the injured worker had previously undergone a right L4-5, L5-S1 epidural steroid injection. If this was the primary injection, there is lack of documentation of corroborating imaging studies and/or electrodiagnostic testing and documentation the injured worker's pain was initially unresponsive to conservative treatment. There were objective findings on the right. If this was a repeat injection, there is lack of documentation of the date of the prior examination as well as objective documented pain relief and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Given the above and the lack of clarification, the request for a lumbar epidural steroid injection (LESI) at the right L4-5 L5-S1 is not medically necessary.