

Case Number:	CM13-0072612		
Date Assigned:	01/08/2014	Date of Injury:	08/20/2011
Decision Date:	08/27/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 34-year-old female who reported an injury on 08/20/2011 due to a slip and fall. The injured worker reportedly sustained an injury to her low back and right leg. The injured worker treatment history included medications, physical therapy, knee surgery, weight loss, and home exercise program, and epidural steroid injections. The injured worker was evaluated on 11/06/2013. It was noted that the injured worker had initially received an epidural steroid injection that reduced the injured worker's pain from an 8/10 to 9/10 reduced to a 6/10. Physical findings included restricted range of motion of the lumbar spine secondary to pain with a positive straight leg raising test bilaterally. The injured worker's diagnoses included cervical sprain, cervical disc protrusion, thoracic strain, right knee medial meniscus tear, insomnia, depression, lumbar strain, and lumbar disc annular tear at L5-S1. A request was made for a second lumbar epidural steroid injection.

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 (LESI) at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The requested second lumbar epidural steroid injection at the L5-S1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommend repeat epidural steroid injections for injured workers who have at least 50% pain relief for 4 to 6 weeks with documented functional improvement. The clinical documentation submitted for review only indicated a reduction in pain from an 8/10 to 9/10 reduced to a 6/10. This is not considered a 50% reduction in pain. Additionally, there is no documentation of increased functional benefit or specific duration of pain relief identified within the submitted documentation. Therefore, a second epidural steroid injection would not be indicated in this clinical situation. As such, the requested second lumbar epidural steroid injection (LESI) at L5-S1 is not medically necessary or appropriate.