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| Case Number: | CM14-0000828 | | |
| Date Assigned: | 01/17/2014 | Date of Injury: | 03/19/1997 |
| Decision Date: | 06/12/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Pain Medicine and Rehabilitation, and is licensed to practice in California. 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 59-year-old female who reported an injury on 03/19/1997. The clinical note dated 11/21/2013, reported that the injured worker complained of a sharp intensification of pain down her left leg. The physical exam noted tenderness in the left paralumbar region, with exquisite trigger point in the area. The provider noted that the injured worker developed myofascial pain syndrome, with a direct relationship between the specific trigger point and the associated pain region. The injured worker was given an injection of ketorolac directly into the trigger point. There was a positive straight leg raise on the left and negative on the right. The injured worker underwent a previous epidural steroid injection with a few months of greater than 60-70% reduction in radicular pain on 07/01/2013. The provider requested for left L4-L5 lumbar epidural steroid injection under fluoroscopy. The request for authorization was provided and signed on 12/06/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-L5 LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY:
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 (ESIs) Page(s): 46.

Decision rationale: The injured worker complained of a sharp intensification of pain down her left leg. The Chronic Pain Guidelines indicate that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six (6) to eight (8) weeks. The injured worker underwent a previous epidural steroid injection with a few months of greater than 60-70% reduction in radicular pain on 07/01/2013. However, the notes do not specify the exact duration of relief or a reduction of medication use. Therefore, the request for left L4-L5 lumbar epidural steroid injection under fluoroscopy is non-certified.