

Case Number:	CM14-0034672		
Date Assigned:	06/20/2014	Date of Injury:	02/24/2013
Decision Date:	08/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 61-year-old female who reported an injury 02/24/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 02/18/2014 indicates diagnoses of lumbar strain with myofascial pain, focal L4-5 and L5-S1 disc protrusion with possible discogenic low back pain. The injured worker reported the first epidural injection dated 01/29/2014 to the left L4-5 did help. The injured worker reported her back pain improved 50% and her leg symptoms improved 25%. On physical examination, the injured worker had tenderness to the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. The injured worker's straight leg raise elicited hamstring tightness bilaterally and some mid pain radiated down the posterior thighs. The injured worker had a mildly antalgic gait. The injured worker's lumbar range of motion was 70% of normal. The injured worker's prior treatments included diagnostic imaging, surgery, medication management and the epidural steroid injection. The provider submitted a request for repeat lumbar epidural steroid injection. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar epidural steroid injection x1 under fluroscopic guidance, left L4-L5:

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 request for Repeat lumbar epidural steroid injection x1 under fluroscopic guidance, left L4-L5 is non-certified. The California MTUS guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Current recommendations suggest a second epidural injection if there is at least 50% pain relief with associated reduction of medication use for six to eight weeks. Although the injured worker reported 50% improvement with her back pain and 25% improvement with leg symptoms, the injured worker did not report reduction with pain medication. In addition, the guidelines indicate there must be sustained pain relief for a period of 6 to 8 weeks. The injured worker underwent the epidural steroid injection 01/29/2014. Therefore, the request is not medically necessary.