

Case Number:	CM14-0036590		
Date Assigned:	06/25/2014	Date of Injury:	09/30/2012
Decision Date:	08/13/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiologist and 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 49-year-old male who reported an injury on 09/30/2012. The mechanism of injury was not provided. On 02/18/2014 the injured worker presented with limited range of motion of the back with pain in the left buttock and into the left leg. There was also associated numbness and tingling. Diagnoses were back pain, L4-5 disc protrusion and L5-S1 disc protrusion. Prior treatments included epidural steroid injection and medications. Upon examination there was tenderness to palpation over the lumbar L3, L4, L5 and S1. There was right and left sided posterior superior iliac spinal tenderness with spasm. Patient was positive on the Lasegue's and Faber tests. The provider recommended a second lumbar epidural steroid injection at L4-5 and L5-S1, however the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Epidural Injection at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESI).

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

Decision rationale: This request is for a second lumbar epidural steroid injection at L4-5 and L5-S1. The California MTUS Guidelines recommend ESI as an option for treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehabilitation efforts, including continuing a home exercise program. The criteria of use for repeat epidural steroid injections include documented objective pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks. The documentation does not indicate that the injured worker has had an objective documented pain and functional improvement of at least 50% for up to 6 to 7 weeks. The efficacy of the prior ESI was not documented. Additionally, the provider's request did not include the use of fluoroscopy for guidance. As such, the request is not medically necessary.