

Case Number:	CM14-0039498		
Date Assigned:	06/27/2014	Date of Injury:	06/22/2013
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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 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 53-year-old male who reported injury on 06/22/2013. The mechanism of injury was not provided. The diagnosis included stenosis spinal lumbar without neurogenic claudication. The documentation indicated the injured worker underwent a fluoroscopy epidurography at L4-5 and transforaminal epidural steroid injection at L4-5 with a nerve block at L4. The documentation of 02/26/2014 revealed the injured worker continued to experience back pain with radiation down the leg. The physical examination revealed a decreased range of motion of the lumbar spine. There was paraspinal musculature tenderness to palpation and paraspinal spasms. The straight leg raise was positive. The motor strength examination of the lower extremities was 5/5 bilaterally. The deep tendon reflexes were 2/2 bilaterally in the patella and 1 bilaterally in the Achilles. The injured worker had decreased sensation to light touch in L5-S1. The treatment plan included an epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third Injection of spine, lumbar/sacral at the L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines indicate that in that in therapeutic phase there should be documentation of objective decrease in pain including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks and there should be documentation of objective functional improvement. Additionally, the current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. The clinical documentation submitted for review indicated the injured worker had previously undergone an epidural steroid injection in early 02/2014. There was a lack of documentation of objective functional benefit and an objective decrease in pain of at least 50% with associated reduction of medication use for 6 to 8 weeks. The request as submitted failed to indicate the type of injection that was being requested. There was a lack of documentation of when the first injection was. There was a lack of documentation indicating a necessity for 3 injections as current research does not support a series of 3 injections. The request as submitted failed to indicate the laterality for the requested intervention. Given the above, the request for third injection of spine, lumbar/sacral at the L4-5 is not medically necessary.