

Case Number:	CM14-0042315		
Date Assigned:	06/30/2014	Date of Injury:	08/18/2009
Decision Date:	09/03/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 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 34-year-old male who reported an injury on 08/18/2009. Prior treatments included physical therapy, chiropractic care, acupuncture, and physical medicine treatment. Medications included Lunesta, Norco, Tylenol, Anaprox, hydrocodone, Tizanidine and gabapentin. The mechanism of injury was putting racks together and placing barbecue grills on top of the racks. One started tipping and the injured worker grabbed it to save it from falling and felt his left arm and side give way. The documentation of 02/04/2014 revealed the injured worker was postsurgical and had left shoulder pain. The subjective complaints were moderate to severe pain over his low back and radiating pain down his lower extremities bilaterally, more on the left than right. The straight leg raise was positive at 30 degrees on the left and 40 degrees on the right. The diagnoses included myospasm/myalgia of the lumbar paraspinals and lumbar spine radiculopathy causing intractable low back and leg pain. The treatment plan included a follow up on the request for a second epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1 #2: 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 Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation the injured worker had at least a 50% decrease in pain and a decrease in pain medications for 6 to 8 weeks, along with documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had undergone a prior epidural steroid injection; however, there was a lack of documentation of the above criteria. The request as submitted failed to indicate whether the request was for unilateral or bilateral injection. Given the above, the request for a second lumbar epidural steroid injection L5-S1 is not medically necessary.