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| Case Number: | CM14-0043604 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 05/27/2013 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 04/01/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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 62-year-old female who reported an injury on 05/27/2013. The injury reported occurred when the injured worker was assisting a client transfer from her wheelchair to a standing position. Her diagnoses include lumbar degenerative changes, lumbar strain, and lumbar disc protrusion. Her previous treatments were noted to include NSAIDs, physical therapy, and a previous epidural steroid injection. On 04/01/2014, the injured worker presented with complaints of persistent low back pain with radiation into the left buttocks. It was noted that an epidural injection had provided some relief, but she had persistent pain and was unable to return to her usual customary activities. Her physical examination revealed tenderness to palpation of the lumbar paraspinal muscles, normal range of motion, symmetrical and normal deep tendon reflexes bilaterally and negative straight leg raising. The treatment plan included a repeat epidural steroid injection and acupuncture treatment. The rationale for the request was to treat ongoing pain and promote functional recovery. The Request for Authorization Form was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Epidural Steroid Injection at L5-S1: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, repeat epidural steroid injections may be supported with evidence of continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication for at least 6 to 8 weeks after previous injections. The clinical information submitted for review indicated that the injured worker had a previous epidural injection; however, details regarding the injection were not provided including the level the procedure was performed at. She was noted to have some relief. After the injection it was also noted that she had persistent pain and could not resume her usual activities after the injection. In the absence of documentation showing at least 50% pain relief, increased function, and decreased medication use for at least 6 to 8 weeks following her previous injection, the request is not supported. In addition, the guidelines require use of fluoroscopy guidance with epidural steroid injections and the request did not indicate whether fluoroscopy guidance would be used. For the reasons noted above, the request is not medically necessary.