

Case Number:	CM14-0065444		
Date Assigned:	07/11/2014	Date of Injury:	03/03/2010
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 female who was injured on 03/03/10. The mechanism of injury is not documented. The injured worker complains of low back pain which radiates into the bilateral lower extremities. The injured worker is diagnosed with sciatica. Treatment has included multiple epidural steroid injections. Records indicate the injured worker received lumbar ESIs in 2012 and again in 2014. Operative report dated 02/24/14 notes the injured worker received a lumbar epidural steroid injections at L5-S1. Clinical note dated 02/27/14 states the injured worker "continues to have pain in the same location consisting of the same quality, intensity and character" four days post injection. Clinical note dated 03/27/14 notes the injured worker had experienced 50-60% relief for 10 days following the injection but that her pain had now returned in the bilateral lower extremities. Clinical note dated 05/22/14 notes a second LESI at L5-S1 is scheduled for 05/27/14. Most recent clinical note dated 07/03/14 reports the injured worker is status post second injection with minimal relief. This note further states the injured worker received greater than 70-80% improvement following the second injection for greater than 6 weeks but that the injured worker's pain had now returned. There is no operative report for this injection submitted. Physical examination dated 07/03/14 reveals no decreased sensation about the L1 through S2 dermatomes. Ankle and knee reflexes are noted to be diminished on the right and positive Spurling's is noted bilaterally. Straight leg raise is positive in the supine position on the right and positive in the seated position on the left. Bony palpation of the lumbar spine reveals tenderness of the transverse processes bilaterally at L5. This is a request for a lumbar ESI at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection; Interlaminar Under Fluoroscopic Guidance L5-S1:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state repeat injections should be based upon continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The records submitted for review include conflicting information. An operative report dated 02/24/14 notes an initial LESI at L5-S1 was performed. A clinical note dated four days following the injection reports the injured worker experienced no change. Clinical note dated 03/27/14 noted the injured worker's pain had improved more than 50% for ten days but that it had now returned. This note follows the initial injection by approximately 4 weeks. This indicates the injured worker did not receive at least 50% pain relief for at least six to eight weeks. A second ESI was performed on or about 05/27/14. Clinical note dated 07/03/14 initially states the injured worker had minimal relief and then states the injured worker experienced greater than 70-80% improvement for greater than 6 weeks following the second ESI. This note is dated approximately 4 weeks following the second injection and states the injured worker's pain has now returned to the same quality, intensity and character. Evidence is not provided to establish that previous injections provided relief or improvement in compliance with guideline criteria for repeat injections. The submitted records did not document any reduction in the injured worker's medication usage and did not include objective findings of functional improvement in response to the administered ESIs. Based on the clinical information submitted for review, medical necessity of a lumbar epidural steroid injection at L5-S1 is not established.