

Case Number:	CM14-0209486		
Date Assigned:	12/17/2014	Date of Injury:	03/08/2011
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 37-year-old female who reported an injury on 03/08/2011. The mechanism of injury was a motor vehicle accident. Her diagnoses include radiating low back pain. Her past treatments include medications, lumbar epidural steroid injection, and physical therapy, work modifications, a lumbar brace. Diagnostic studies were not provided within the submitted documentation for review. Her surgical history was noncontributory. The patient presented on 09/24/2014, with returning low back pain. The patient had a lumbar epidural steroid injection performed on 05/14/2014, which provided greater than 50% relief for 6 weeks. The patient reported that prior to the injection, she was taking pain medication 3 times per day. After the injection, the patient reported that she only needed to take her pain medications twice daily. Now that the pain has returned as previous, she is taking her medications 2 to 4 times a day. Upon physical examination, the patient was noted to have a positive straight leg raise and decreased sensation in the L5 distribution. The clinical note further indicates an MRI performed on an unknown date, with indications of a 6 mm protrusion at the L5-S1 level, and a 4 mm protrusion at the L4-5 level. The treatment plan was a request for a repeat for a lumbar epidural steroid injection at the L4-5 level, as the patient had greater than 50% relief for more than 6 weeks. Relevant medication were not provided within the submitted documentation. A Request for Authorization form dated 09/24/2014, was provided within the submitted documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection-Steroid therapeutic lumbar epidural at left L4-5 QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request for injection, steroid therapeutic lumbar epidural at left L4-5, quantity 1, is medically necessary. The patient has chronic low back pain. The CMTUS state repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The documentation submitted for review provided evidence that after the patient's initial lumbar epidural steroid injection performed on 02/14/2014, left L4-5, the patient received greater than 50% pain relief for more than 6 weeks, enabling the patient to have a decrease in pain medication, and an increase in function. Upon physical examination, the patient was noted to have a positive straight leg raise and decreased sensation in the L5 distribution. Given the above, the request for injection, steroid, therapeutic lumbar epidural at left L4-5, quantity 1, is medically necessary.