

Case Number:	CM15-0007674		
Date Assigned:	01/23/2015	Date of Injury:	11/20/2012
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

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 & Rehabilitation, 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 26-year-old female who reported an injury on 11/20/2012 due to an unspecified mechanism of injury. On 09/17/2014, she presented for a followup evaluation. She was noted to have a herniated nucleus pulposus at the L5-S1 with increased right leg symptoms of radiculopathy. A physical examination showed no limp and positive sciatic notch pain as well as a positive straight leg raise. Flexion was 50/90 and extension was 15/25. She had a positive Lasegue's test as well. It should be noted that the documentation provided was handwritten and illegible. She was diagnosed with radiculopathy in the right lower extremity, status post LB epidural, and herniated intervertebral disc. An MRI of the lumbar spine taken on 09/18/2014 showed disc desiccation with loss of disc height and prominent right disc protrusion with no central canal, lateral recess, or neural foraminal stenosis at the L1-2 and facet hypertrophy and overall changes resulting in neural foraminal stenosis bilaterally at the 5s1. The treatment plan was for a second lumbar epidural steroid injection at the right L1-2 and L5-S1. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Lumbar Epidural Steroid Injection at Right L1-2, L5-S1: Upheld

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

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

Decision rationale: The requested second ESI is not supported. The California MTUS Guidelines recommended repeat injections only after documentation of at least a 50% reduction in pain with associated medication use reduction and functional improvement. Based on the clinical documentation submitted for review, the injured worker was noted to have undergone a lumbar epidural steroid injection previously as indicated by the request for a 'second injection.' However, there was a lack of documentation showing evidence of a reduction in medication use or a quantitative decrease in pain with at least 50% pain relief for the duration of time as stated within the guidelines. Also, there was a lack of documentation showing the presence of significant neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the request. As such, this request is not medically necessary.