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| Case Number: | CM14-0001278 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 02/12/1982 |
| Decision Date: | 06/19/2014 | UR Denial Date: | 12/09/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Oklahoma. 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 77-year-old female who reported an injury on 02/12/1982. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/26/2013 reported the injured worker complained of her sciatica bothering her more than the axial pain. The injured worker rated her pain at 6/10. The injured worker underwent a lumbar epidural steroid injection on 06/13/2013. The injured worker did well afterward but pain had gradually increased over the past month. On the physical exam, the provider noted the injured worker to be ambulating with a cane and relying on the cane for balance. The provider also noted the injured worker to have spasms bilaterally from L2 to L5, with tenderness to the musculature across the back. The provider noted deep tendon reflexes are unchanged. They are normal at the ankles and right knee, but the left knee deep tendon reflexes are absent. The provider is requesting lumbar epidural steroid injection. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 46

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

Decision rationale: The request for a lumbar epidural steroid injection is not medically necessary. The injured worker complained of sciatic pain more than axial pain. The injured worker rated her pain at 6/10. The injured worker previously underwent a lumbar epidural steroid injection on 06/13/2013 for which she had been doing well, but the pain had gradually increased over the past month. The Chronic Pain Medical Treatment Guidelines, recommend repeat blocks based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. There was a lack of clinical documentation indicating the functional improvement of the injured worker. There was also a lack of clinical documentation indicating the injured worker had at least 50% pain relief with the previous lumbar epidural steroid injection. Therefore, the request for the lumbar epidural steroid injection is not medically necessary.