MAXIMUS Federal Services

Case Number:	CM13-0008002		
Date Assigned:	01/10/2014	Date of Injury:	01/24/2013
Decision Date:	06/19/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/07/2013

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 Nephrology and is licensed to practice in California. 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 patient is a 32 year old male with a date of injury on 1/24/13. The injury occurred while he was lifting 40+ pound crates at work with lumbar spine pain radiating down his left leg as noted on his initial assessment on 1/31/13. He was given a diagnosis of lumbar strain. An MRI on 2/14/13 demonstrated focal spondylosis with L4-L5 disc protrusion; eccentric to the left. On 4/24/13 it was noted that he had some improvement with land based and aquatic based physical therapy. On 6/28/13 he underwent a left L4-L5 transforaminal lumbar epidural steroid injection. A follow-up visit on 7/15/13 by the treating physician noted the following: "He did have the epidural. His pain was somewhat improved for just a couple of days, then it worsened such that he has increased pain at this time." The objective findings at that visit noted left L4-5 hypesthesia, no motor deficit. A request was made for additional epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LUMBAR EPIDURAL STEROID INJECTION, LEFT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROIID INJECTIONS (ESIs), 46 Page(s): 46.

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

Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EPIDURAL STERIOD INJECTIONS, PAGE 46

Decision rationale: The patient received one injection that provided minimal relief which lasted for just a few days. The guidelines state that a repeat injection should be considered if there is at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. In this case, the injection did not provide that level of relief therefore not supporting the use of additional injections. Therefore, the request for Repeat Lumbar Epidural Steroid Injection, Left L4-5 is not medically necessary.