

Case Number:	CM13-0052264		
Date Assigned:	02/21/2014	Date of Injury:	12/20/2011
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation 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 28-year-old male who reported an injury on 12/20/2011. The mechanism of injury was not stated. The injured worker is diagnosed with L5-S1 4 mm central disc protrusion, displacement of S1 nerve root, and bilateral S1 radiculopathy. The injured worker was evaluated on 11/14/2013. The injured worker reported persistent pain in the lower back with radiation to bilateral lower extremities. It is noted that the injured worker initially underwent an epidural steroid injection at L5-S1 on 07/31/2013. It is noted that the procedure provided significant pain relief for only a few days. Physical examination on that date revealed decrease range of motion, tenderness to palpation, positive straight leg raising, and decreased sensation along the S1 dermatomal pattern. Treatment recommendations included a repeat epidural steroid injection at L5-S1.

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: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain, with use in conjunction with other rehab efforts. There is no indication of an exhaustion of conservative treatment including exercises, physical methods, NSAIDS, and muscle relaxants prior to the request for a repeat injection. There was no evidence of 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial procedure. The injured worker reported significant pain relief for only a few days prior to the return of persistent pain. The specific level at which the epidural steroid injection will be administered was not provided in the request. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.