

Case Number:	CM13-0059595		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2012
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 reported an injury on 06/28/2012. The mechanism of injury involved heavy lifting. The patient is diagnosed with lumbar spine herniated disc, lumbar spine bilateral nerve root impingement, and rule out hernia. The patient was seen by [REDACTED] on 10/16/2013. The patient reported constant lower back pain with radiation to bilateral lower extremities. Physical examination revealed tenderness to palpation, bilateral hamstring tightness, and decreased sensation to light touch bilaterally. Treatment recommendations included an authorization request for a second lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR L5-S1 CAUDAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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. As per the documentation submitted, the patient has been previously treated with

an epidural steroid injection. However, there is no documentation of at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks following the initial injection. Therefore, a repeat injection cannot be determined as medically appropriate. As such, the request is non-certified.