

Case Number:	CM13-0071817		
Date Assigned:	01/24/2014	Date of Injury:	05/06/2012
Decision Date:	06/13/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 46-year old male who reported an injury on 05/06/2012. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included an epidural steroid injection on 09/27/2013 that provided approximately 15% pain relief to the low back and 50% pain relief to the bilateral lower extremities. Physical findings included restricted range of motion secondary to pain with tenderness over the spinous process and lumbosacral junction. Severe tenderness of the sacroiliac joints was also documented. The injured worker had a bilateral straight leg raising test at 60 degrees that caused radicular pain. The injured worker's diagnoses included moderate to severe degenerative disc disease, and mild exogenous obesity. The injured worker's treatment plan included an additional epidural steroid injection and continued use of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

Decision rationale: California MTUS guidelines, recommends epidural steroid injections be repeated when there is documentation of at least 50% pain relief for 6 to 8 weeks and documentation of significant functional benefit. The clinical documentation submitted for review does indicate that the injured worker only had 15% pain relief of the low back and 50% lower extremity pain relief from the second injection. Additionally, there is no documentation of significant functional improvement resulting from that injection. Also, the request as it is submitted does not specifically identify a level of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the request for a lumbar epidural steroid injection is not medically necessary and appropriate.