

Case Number:	CM14-0113461		
Date Assigned:	08/01/2014	Date of Injury:	06/22/2013
Decision Date:	10/14/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

This injured worker is a 35 year old man with a date of injury on June 22, 2013, which occurred while lifting heavy boxes. He complained of neck pain and back pain with bilateral leg pain. His diagnoses include lumbar spine with radiculopathy and lumbar degenerative disc disease. A magnetic resonance imaging scan of the lumbar spine from November 27, 2013 showed a 4 mm central disc protrusion which abuts the transiting S1 nerve root. The worker was given an epidural steroid injection on May 23, 2014 and had a follow up office visit on May 27, 2014 where he stated that his back pain was worse after getting the epidural steroid injection from a 5/10 to a 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at right L5-S1: Upheld

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

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

Decision rationale: The purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active

treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). This worker has complaints of low back pain with radiation to both legs. He had a lumbar epidural steroid injection in May of 2014 with worsened pain. The criteria for a repeat injection include at least 50% pain relief with associated reduction of medication use for six to eight weeks. The requested service is therefore not considered medically necessary.