

Case Number:	CM14-0128819		
Date Assigned:	08/18/2014	Date of Injury:	07/18/2013
Decision Date:	09/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 36-year-old gentleman was reportedly injured on July 18, 2013. The mechanism of injury is noted as pulling a rack out of a proofer when the wheels got jammed. The most recent progress note, dated July 17, 2014, indicates that there are ongoing complaints of low back pain radiating to the left greater than right lower extremity. Current medications include Norco. The physical examination demonstrated decreased lumbar spine range of motion and tenderness over the L4 - L5 facets. Neurological examination indicated decreased sensation at the L4 and S1 dermatomes on the left greater than right side. There was a positive left-sided straight leg raise test at less than 45. Diagnostic imaging studies of the lumbar spine indicated September 19, 2013, revealed a broad-based disc protrusion at L4 - L5 contacting the traversing L5 nerve roots bilaterally. There was also a small disc extrusion at L5 - S1 contacting the traversing left S1 nerve root. Previous treatment includes physical therapy and two epidural steroid injections. A request had been made for a left-sided lumbar spine transforaminal epidural steroid injection and was not certified in the pre-authorization process on July 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar transforaminal L4-5 epidural steroid injection: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the criteria for the use of epidural steroid injections includes that previous injections provided at least 50% pain relief for 6 to 8 weeks time. Additionally current research does not support a "series of three" injections in either the diagnostic or therapeutic phase no more than two epidural steroid injections are recommended. As the injured employee has already had two epidural steroid injections in the second injection did not provide any significant pain relief, this request for a third left sided lumbar transforaminal epidural steroid injection at L4 - L5 is not medically necessary.