

Case Number:	CM14-0168313		
Date Assigned:	10/15/2014	Date of Injury:	07/10/2007
Decision Date:	11/18/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/13/2014

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 Pain Management and is licensed to practice in 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 53 year old male with a date of injury on 7/10/2007. He was evaluated on 8/14/14 by the secondary treating physician for continued low back pain. Physical examination showed tenderness to palpation of the paravertebral musculature and limited range of motion of the lumbar spine. There was increased pain with flexion and extension and straight leg raise was negative. Neurological examination showed decreased sensation in the bilateral lower extremities, most notably in the right L5 and S1 dermatomes. There was slight weakness of the right extensor hallucis longus muscle. Diagnoses included degenerative disc and joint disease as well as radiculopathy of the lumbar spine. A request for a second lumbar epidural steroid injection was made. The request was initially denied because there was no documented response to the initial epidural steroid injection in terms of pain relief and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: The injured worker has a history of chronic low back pain with diagnoses of lumbar spine degenerative disc disease and radiculopathy. He has physical examination findings that support a diagnosis of L5 radiculopathy. The request is for a second Epidural Steroid Injection at L5-S1. Given the injured worker's clinical history and physical examination findings, the requested epidural steroid injection may be indicated. However, in order to consider a repeat injection there needs to be a documented response of the initial injection, specifically in terms of percentage pain relief and improved function if applicable. Therefore, per the treatment guidelines the requested repeat Epidural Steroid Injection L5-S1 is not medically necessary.