

Case Number:	CM14-0171017		
Date Assigned:	10/23/2014	Date of Injury:	06/18/2008
Decision Date:	12/24/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 Emergency Medicine 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:

Patient with reported date of injury on 6/18/2008. Mechanism of injury is from lifting at work. Patient has a diagnosis of sciatica, lumbar facet joint pain, bursitis of hip, lumbar intervertebral disc degeneration and lumbosacral radiculitis. Medical reports reviewed. Last report available until 9/11/14. Patient complains of low back pain. Pain radiates to bilateral legs. Objective exam reveals limited range of motion of lumbar spine. Diffuse tenderness to paraspinals, spasms, SI joint tenderness and bilateral greater trochanteric bursa tenderness. Motor strength is normal. Has decreased sensation to bilateral L3 and L4 dermatomes. Has had reported lumbar epidural steroid injection on 9/2/14 with claimed 60% relief. Request for additional ESI was to further improve pain. Patient has reportedly attempted physical therapy. Current medications include Lyrica, Butrans and percocet. Independent Medical Review is for bilateral L3-4 and L4-5 transforaminal epidural steroid injection. Prior UR on 10/6/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3/4, L4/5 Transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. Patient does not meet criteria for repeat ESI. Guidelines recommend repeat ESI only if pain improvement of >50% lasts for over 6-8weeks. This current episode, the ESI was done barely 2weeks before request for additional ESI was submitted. Additional epidural steroid injection is not medically necessary.