

Case Number:	CM14-0027070		
Date Assigned:	06/13/2014	Date of Injury:	11/09/2012
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/03/2014

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 & Rehab has a subspecialty in Interventional Spine 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 patient is a 40 year old male with an injury date of 11/09/12. Based on the 12/19/13 progress report provided by [REDACTED] the patient complains of low back pain and bilateral leg pain, numbness, and tingling. The patient has tenderness to palpation over the following regions: 1. Midline at L2 down to S1, diffuse tenderness, lower lumbar more than upper lumbar with tightness; 2. Lumbosacral paraspinal region on my estimate at L2-S1- lower lumbar greater than upper lumbar tenderness; 3. Bilateral tenderness over the PSIS. The patient's diagnoses include the following: 1. Chronic lower back pain; 2. Lumbar discogenic disease with minimal diffuse disc bulge and ligamentum flavum hypertrophy, L4-5 on MRI of the lumbar spine, 01/15/13; 3. Lumbar radiculitis, bilateral; 4. Lumbar myofascial pain with painful spasm [REDACTED] is requesting for a 2nd lumbar epidural steroid injection (QTY: 1). The utilization review determination being challenged is dated 02/04/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/22/13- 01/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND LUMBAR EPIDURAL STEROID INJECTION QTY:1: 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 Epidural steroid injections (ESIs) Page(s): 46, 47.

Decision rationale: According to the 12/19/13 report by [REDACTED], the patient presents with low back pain and bilateral leg pain, numbness, and tingling. The request is for 2nd lumbar epidural steroid injection QTY: 1. the patient's prior epidural injection in March 2013. However, none of the progress reports provided discuss any improvement the patient had with the epidural steroid injection. MTUS guidelines require 50% reduction of pain lasting 6 weeks or more with reduction in medication use for repeat injection. The patient had an ESI with no documentation of lasting benefit. Recommendation is not medically necessary.