

Case Number:	CM14-0034977		
Date Assigned:	06/23/2014	Date of Injury:	09/10/2012
Decision Date:	07/30/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/20/2014

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 Neurology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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:

A 5/20/14 progress report notes pain in the low back, right arm and both legs with burning sensation. The injured worker reports reduced ability to do activities of daily living (ADLs). Examination reports decreased lateral bending left and right as well as flexion and extension. There is pain for L3 through the sacrum bilaterally. The assessment was lumbar disc protrusion with radiculopathy. A 4/14/14 progress report notes low back pain with burning pain in both legs. Examination noted reduced range of motion and pain to palpation at L4-5 and L5-S1 bilaterally. A 2/19/14 examination noted decreased sensation in the left L4 and L5 dermatomes. Deep tendon reflexes were absent at the ankles and knees. An epidural steroid injection (ESI) done in 2012 reported no improvement. MRI (magnetic resonance imaging) of 1/16/14 reported a left L4-5 disc herniation with flattening of the left L4 and L5 nerve root. An ESI is reported to have been done 11/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat left L4-5 transforaminal epidural steroid injection (ESI): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, epidural steroid injections.

Decision rationale: According to the Official Disability Guidelines (ODG), repeat epidural steroid injection (ESI) is not recommended. The ODG states that with fluoroscopic guidance, there is little support to do a second epidural if there is no response to the first injection. In this case, the medical records report an ESI was performed 11/5/13. There is no documentation at follow-up visits regarding any qualitative or quantitative degree of improvement or duration of any improvement or otherwise any demonstrated objective functional improvement. Repeat ESI is not supported without demonstrated benefit from first ESI. Based on the above, the request is not certified.