

Case Number:	CM14-0036042		
Date Assigned:	06/23/2014	Date of Injury:	12/21/2010
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 injured worker is a 43-year-old male who was reportedly injured on December 20, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 6, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities. The physical examination demonstrated good strength in the lower extremities and numbness down to the level of the left knee. The treatment plan included a second epidural steroid injection. Previous treatment included acupuncture, physical therapy, home exercise, oral medications, work restriction, lumbar spine surgery and a previous epidural steroid injection. A request had been made for a second lumbar epidural steroid injection and was not certified in the pre-authorization process on February 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESI).

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

Decision rationale: According to the medical record, the injured employee had a previous epidural steroid injection, but the efficacy of this injection is not stated. According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, the second injection should not be pursued unless there is at least 50% pain relief for at least six weeks time from the initial injection. This request for a second lumbar epidural steroid injection is not medically necessary.