

Case Number:	CM14-0065182		
Date Assigned:	07/11/2014	Date of Injury:	09/03/2013
Decision Date:	11/25/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

Medical records reflect the claimant is a 31 year old male who sustained a work injury on 9-3-13. The claimant has been treated conservatively. On 2-21-14, the claimant underwent an epidural steroid injection and noted some improvement in leg symptoms. Office visit on 3-12-14 noted the claimant continued with low back pain and mild leg symptoms. The claimant reported he was slightly improved. On exam, the claimant had decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Epidural Steroid Injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: According to the 03/17/2014 report by [REDACTED] this patient presents with low back pain at 8/10, essentially unchanged. The provider is requesting repeat epidural steroid injection at L5-S1. "The patient had lumbar epidural steroid injections by [REDACTED] without significant improvement." For repeat injections, MTUS requires "continued objective

documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Review of the reports show that the patient had lumbar epidural steroid injections on 02/21/2014 with "minimal benefit." There are no documentation of functional improvement and medication reduction. Furthermore, a recent MRI report is not provided. The patient also does not present with dermatomal distribution of pain. Examination does not point to radiculopathy either. Therefore, this request is not medically necessary.