

Case Number:	CM14-0191690		
Date Assigned:	11/25/2014	Date of Injury:	03/06/2014
Decision Date:	04/14/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old male sustained a work related injury on 03/06/2014. On 08/08/2014, the injured worker underwent a lumbar epidural steroid injection. Diagnoses included multiple level lumbar disc protrusions, L5-S1 disc extrusion with central and bilateral foraminal stenosis, lumbar facet arthropathy and low back pain with left lumbar radiculopathy. According to a progress note dated 09/03/2014, the injured worker was seen in follow up on epidural steroid injection. The injured worker was still having positive lumbar spine numbness, positive tingling. He stated that after the epidural steroid injection that he started having migraine/headaches. The provider noted negative pain on left leg. According to a progress report dated 10/29/2014, the injured worker complained of increased lumbar spine pain lately and increased work load. He used a lumbar support for work. Pain increased after having therapy. Meds included Ibuprofen. Diagnosis included Herniated Nucleus Pulposus. Plan of care included epidural steroid injection #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar (lower back) Epidural Steroid Injection # 2 at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for low back pain. Treatments included a lumbar epidural steroid injection on 08/08/14. When seen by the requesting provider, the response to the injection done in August is not described. The claimant has previously had an epidural steroid injection and consideration of a repeat epidural steroid injection would be based on objective documented pain and functional improvement. In this case the response to a prior epidural steroid injection was not provided. Therefore, the requested lumbar epidural steroid injection was not medically necessary.