

Case Number:	CM14-0021968		
Date Assigned:	05/14/2014	Date of Injury:	01/05/2009
Decision Date:	04/06/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/21/2014

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: California, Washington

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:

The injured worker is a 49-year-old female who reported an injury of 02/18/1994 through 01/07/2009. She had previously been certified for a second lumbar ESI at bilateral L4-5 times 1 on 01/24/2014. She had been describing having pain located in the lower back with the description of sharp, stabbing and burning, as well as radiation to the left leg. She had associated numbness, weakness and paresthesias identified with radiation to the bilateral lower extremities. She had reported a previous 50% to 60% relief with lumbar epidural steroid injection on 10/21/2013. The most recently physical examination was provided from 09/11/2013. However, the injured worker had reportedly undergone a bilateral L4-5 lumbar epidural steroid injection with fluoroscopic guidance on 10/21/2013, which provided her with the 50% to 60% pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

2ND LUMBAR ESI AT L4-5 X 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 Page(s): 46.

Decision rationale: According to the California MTUS Guidelines, without having a current physical examination provided for review identifying radicular symptoms on the bilateral lower extremities related to the L4-5 distribution and without having a current MRI identifying pathology at the related levels to support the second lumbar ESI, the request cannot be supported at this time. Although the injured worker had reported previous effects from the epidural steroid injection, with a third ESI having been recommended at that time, the current request cannot be warranted without a more thorough rationale for ongoing injections at this time. As such, the medical necessity has not been established.