

Case Number:	CM14-0210320		
Date Assigned:	12/19/2014	Date of Injury:	04/30/1995
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 patient is a 47-year-old female with date of injury in 1995. The patient has chronic low back pain. The patient underwent L4-S1 fusion in October 2013. The medical records indicate that the patient continues to have low back pain after fusion. The patient had an epidural steroid injection in September 2014 with documented 20% pain relief. At issue is whether repeat lumbar epidural steroid injection is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Spine Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter, MTUS low back chapter pages 305-322

Decision rationale: ODG criteria do not recommend additional epidural steroid injections if significant improvement does not achieved with an initial epidural steroid injection in the lumbar spine. In this case, only 20% pain relief with documented the first lumbar epidural steroid injection. ODG criteria not met for additional lumbar epidural steroid injection.

