

Case Number:	CM15-0016985		
Date Assigned:	02/02/2015	Date of Injury:	03/14/2012
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on March 14, 2012. The diagnoses have included low back pain, lumbar radiculopathy, and lumbar degenerative disc disease. Treatment to date has included lumbar epidural steroid injection (ESI) at L5-S1 level and medications. Currently, the injured worker complains of chronic low back pain which radiates to the bilateral lower extremities, and numbness in the right leg. The Treating Physician's report dated December 17, 2014, noted the thoracolumbar spine with palpatory tenderness at L4-L5 and L5-S1 areas. The injured worker was noted to have had 50-60% pain relief with the lumbar epidural steroid injection on July 17, 2014. On January 13, 2015, Utilization Review non-certified a lumbar epidural steroid injection (ESI) L5-S1 under fluoroscopy, noting that a repeat epidural steroid injection (ESI) at the L5-S1 level did not appear indicated, with no indication of radiculopathy associated with nerve roots at the L5-S1 level on physical examination, and the most recent injection not producing functional improvement or reduction in medication use. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 26, 2015, the injured worker submitted an application for IMR for review of a lumbar epidural steroid injection (ESI) L5-S1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L5-S1 under fluroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127..

Decision rationale: The progress note dated December 17, 2014 indicates that the injured employee has a complaint of radiculopathy and there are findings of decreased sensation along the right anterior and lateral thigh. The MRI the lumbar spine dated March 25, 2014 does reveal a disc bulge and facet arthropathy as well as mild canal and bilateral foraminal stenosis at the L5- S-1 level. However, the injured employee has received a previous lumbar spine epidural steroid injection at L5 - S1 which provided 50% to 60% pain relief for an unknown period of time. The indications for a repeat epidural steroid injection indicates they should be at least 50% pain relief for 6 to 8 weeks time. Without this information to justify additional injections, this request for a lumbar epidural steroid injection at L5 - S1 is not medically necessary.