MAXIMUS Federal Services

Case Number:	CM15-0135276		
Date Assigned:	07/23/2015	Date of Injury:	09/19/2012
Decision Date:	08/20/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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:

The injured worker is a 32 year old male patient who sustained an industrial injury on 09/19/2012. The accident was described as while working on an earthmover he sustained polytrauma and multiple injuries. The patient was with subjective complaint of right sided face pain; jaw muscles with spasm; headaches, radiating pain down the back of the neck into the upper back. He has complaint of bright light and loud noises make the pains worse. A recent primary treating office visit dated 05/08/2015 reported subjective complaint of right shoulder pain, bilateral wrist/hands, cervical spine, lumbar spine, right hip and right ankle pain. The pain in the back radiates into bilateral legs. There is recommendation for an additional epidural injection. The following diagnoses were applied: multiple trauma with residual: head trauma with impaired memory, cephalgia, laceration lower lip, dental injuries, fracture mandible, right and scalp hematoma; cervical spine strain/sprain, herniated cervical disc with radiculopathy; lumbar spine strain/sprain, herniated lumbar disc with radiculopathy; laceration trochanteric are, right hip trochanteric bursitis; right foot/ankle strain/sprain, rule out internal derangement, status post injection times two; symptoms of anxiety/depression, post-traumatic stress; fractured ribs right and left; and bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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 sustained a work-related injury in September 2012 and continues to be treated for pain including low back pain radiating into the lower extremities. A lumbar epidural steroid injection in November 2014 provided benefit. Testing has included a lumbar spine MRI with disc bulging and disc narrowing and electrodiagnostic testing showing finding of a right L5-S1 radiculopathy. When seen, a second epidural steroid injection on 04/13/15 had provided good pain relief. Physical examination findings included positive straight leg raising and crossed straight leg raising with decreased lower extremity strength and sensation. There was decreased spinal range of motion. Another lumbar epidural steroid injection was requested. In the therapeutic phase guidelines recommend that repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the degree of pain relief from the last injection is not adequately documented and the request was made lower extremities than 4 weeks after the previous injection. It was not medically necessary.