

Case Number:	CM15-0139641		
Date Assigned:	07/29/2015	Date of Injury:	10/19/2009
Decision Date:	08/26/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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 56-year-old male who sustained an industrial injury on 10-19-09. He had complaints of low back pain and left leg went numb. Treatments include: medication, left AFO boot, home exercise program in the pool, injections and surgery. Progress report dated 3-23-15 reports continued complaints of low back pain and left foot drop. Diagnoses include: lumbago, lumbar/lumbosacral disc degeneration and pain in limb. Plan of care: check on approval of lumbar epidural steroid injection, remain on home exercise program and encourage getting into the pool, will consider physical therapy if needed and continue current medications. Work status per functional capacity exam; sedentary work level. Follow up in 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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 sustained a work injury in October 2009 and underwent a multilevel lumbar decompression in June 2010. He had a left lumbar transforaminal epidural injection in August 2013 with reported good pain relief. In June 2014 a caudal epidural injection was performed. When seen, he was having low back pain and had a left foot drop. He was wearing a left ankle foot orthosis. Physical examination findings included positive straight leg raising and a left foot drop. His BMI is over 36. In the therapeutic phase guidelines recommend that, a repeat epidural steroid injection 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 and duration of any pain relief following the previous injection in June 2014 is not documented nor is the degree and duration of pain relief from the transforaminal epidural steroid injection in August 2013. The requested repeat lumbar epidural steroid injection was not medically necessary.