

Case Number:	CM15-0163985		
Date Assigned:	09/01/2015	Date of Injury:	02/14/2015
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31 year old male who sustained an industrial injury on 2-14-2015. Diagnoses have included herniated nucleus pulposus (HNP), left lumbar radiculopathy and low back pain. Treatment to date has included chiropractic treatment, physical therapy, medication, and lumbar epidural steroid injection on 6-4-2015 which was not beneficial. Per the progress report dated 5-24-2015, the injured worker reported that his low back pain was worse. Objective findings revealed decreased range of motion with weakness and tingling into the left leg. According to the progress report dated 7-24-2015, the injured worker complained of low back pain. Objective findings documented a positive magnetic resonance imaging (MRI) of the lumbar spine. Authorization was requested for a 2nd lumbar epidural steroid injection level L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd Lumbar Epidural Steroid Injection (LESI) Level L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on 2-14-2015. Diagnoses have included herniated nucleus pulposus (HNP), left lumbar radiculopathy and low back pain. Treatment to date has included chiropractic treatment, physical therapy, medication, and lumbar epidural steroid injection on 6-4-2015, which was not beneficial. The medical records provided for review do not indicate a medical necessity for 2nd Lumbar Epidural Steroid Injection (LESI) Level L5-S1. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is 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. The medical records of 07/24/15 indicate the pain is unchanged and he was remained on off duty. The requested treatment is not medically necessary due to lack of documentation of at least 50% pain relief with associated reduction of medication use for six to eight weeks following previous injection and therefore is not medically necessary.