

Case Number:	CM15-0166998		
Date Assigned:	09/04/2015	Date of Injury:	09/06/2011
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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

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:

This 33 year old male sustained an industrial injury on 8-16-11. He subsequently reported low back and right lower extremity pain. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc. Treatments to date include MRI testing, injections, physical therapy and prescription pain medications. The injured worker has continued complaints of low back and right leg pain. Upon examination, antalgic gait was noted on the right. Lumbar range of motion was restricted due to pain and spasm. The treating physician made a request for Lumbar epidural steroid injection right 2 levels (right L4-5 and L5-S1). Both the treating physician and AME evaluator document beneficial response to the prior epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection right 2 level (right L4-5 and L5-S1): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

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

Decision rationale: MTUS Guidelines allow for up to a series of 2 initial injections if the 1st injection was beneficial. After the initial 2 injection additional injections on an occasional basis are supported if the prior injection allowed for a significant level of pain relief for several weeks (at least 50% for 6 weeks). These Guideline standards are reported to have been met by both the treating physician and AME evaluator. Under these circumstances, the Lumbar epidural steroid injection right 2 levels (right L4-5 and L5-S1) is supported by Guidelines and is medically necessary.