

Case Number:	CM15-0188391		
Date Assigned:	09/30/2015	Date of Injury:	09/20/2014
Decision Date:	11/13/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/24/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 36 year old male who sustained an industrial injury 09-20-14. A review of the medical records reveals the injured worker is undergoing treatment for degenerative disc disease with disc bulges at L4-5 and L5-S1, clinical concern for right sided L4-5 radiculopathy, and greater than one year of back and right leg symptoms. Medical records (07-10-15) reveal the injured worker complains of back pain and right leg pain and numbness. The pain is not rated. The physical exam (07-10-15) reveals a subtle scoliosis likely secondary to pain and splinting, tenderness to palpation about the idling of his lower lumbar spine, and limited range of motion in the flexion and extension of his thoracolumbar spine. He also has numbness and tingling along the posterolateral aspect of his right leg into the dorsum of his right foot. Prior treatment includes right L4 and L5 transforaminal epidural steroid injection which provided relief for 2-3 days, and physical therapy. The original utilization review (09-04-15) non certified the request for 2 right L4 and L5 epidural steroid injections under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at right L4, L5 x2 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the patient received a prior ESI and saw the provider in follow-up on 8/31/2015. A repeat ESI was recommended. CA MTUS Guidelines state that repeat blocks should be based on continued objective pain reduction and functional improvement, including at least 50% pain reduction with an associated decrease in medications for 6-8 weeks. Generally no more than 4 ESIs are recommended per year. In this case, the above guidelines are not satisfied. There is no documentation that the prior injection resulted in at least a 50% pain reduction, functional improvement or a reduction in pain medication for 6-8 weeks. Therefore the request is not medically necessary or appropriate.