

Case Number:	CM15-0200525		
Date Assigned:	10/15/2015	Date of Injury:	04/19/2015
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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:

The injured worker is a 43 year old male who sustained an industrial injury April 19, 2015. Past history included diabetes and on August 27, 2015, he underwent a lumbosacral epidural injection left L5-S1 with fluoroscopy and epidurogram. According to a primary treating physician's progress report dated August 28, 2015, the injured worker presented with mild low back pain radiating into the lower back, foot. The physician documented since the last visit the injured worker has noted an increase in the level of function during activities and significant left lower extremity radicular pain relief (left hip down left leg) following the first lumbar epidural injection. He is performing home exercise and is full weight bearing. Physical examination revealed; lumbar spine is slightly tender from the previous day's injection; straight leg raise is negative; flexion 80 degrees and extension 10 degrees. Diagnoses are status post work related motor vehicle accident April 19, 2015; lumbar strain with left lower extremity radiculopathy; x-ray findings of grade II spondylolisthesis, chronic. At issue, is the request for authorization dated September 16, 2015, for (2nd) left lumbar epidural steroid injection L5-S1. An MRI of the lumbar spine dated July 2, 2015, (report present in the medical record) impressions; 3mm posterior disc bulge at L4-5 and a combination of a 5mm posterior disc bulge (pseudo-disc) and 6mm of spondylitic-spondylolisthesis at L5-S1; moderate to severe left and severe right L5-S1 neural foraminal narrowing. According to utilization review dated September 23, 2015, the request for Left Lumbar Epidural Steroid Injection, at the levels of L5-S1 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left lumbar epidural steroid injection at the levels of L5-S1: Overturned

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

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

Decision rationale: MTUS Guidelines have very different standards for a 2nd epidural injection vs. a 3rd or more epidural injection(s). If the initial epidural injection provides some benefits a 2nd epidural is supported by Guidelines. After the 2nd epidural, the standards change significantly with the necessity for greater than 50% pain relief for several weeks plus diminished pain medication use. There is adequate documentation that the 1st epidural provided some benefits and the request for a 2nd epidural is supported by Guidelines and is medically necessary.