

Case Number:	CM15-0034760		
Date Assigned:	03/03/2015	Date of Injury:	05/06/2013
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 43-year-old male with an industrial injury dated 05/06/2013. Medical records submitted for this review are dated from October 2014 to December 2014. The record dated 10/14/2014 notes the injured worker presents following an epidural steroid injection. The injured worker states the injection worked really well but symptoms have returned. At that time a second epidural injection was requested. The operative reports are present in the submitted records. The injured worker presented on 12/23/2014 following second epidural steroid injection. He reported excellent results with greater than 90 percent relief for the first week. MRI showed a herniated disc at lumbar 5-sacral 1 with a left extrusion with foraminal narrowing as well as sacral 1 impingement (per provider). MRI report is in submitted records. Diagnoses:- Lumbosacral strain and contusion-Disc herniation, lumbar 5- sacral 1- Left lumbosacral radiculopathy. On 02/19/2015 the request for third lumbar epidural steroid injection at left sacral 1 times 1 was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI) at Left Sacroiliac 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

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

Decision rationale: Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term benefit. MTUS treatment guidelines support lumbar epidural steroid injections when radiculopathy is documented on physical examination, corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative treatment. The injured employee has had two previous lumbar epidural steroid injections the second of which was administered on December 4, 2014. The injured employee symptoms returned on December 23, 2014, which only indicates 19 days of relief. The California MTUS guidelines indicates that additional injections can be considered if there is at least 50% pain relief for 6 to 8 weeks time. Considering the injured employees Limited benefit from the prior epidural steroid injection, this request for a repeat lumbar epidural steroid injection is not medically necessary.