

Case Number:	CM15-0042436		
Date Assigned:	03/12/2015	Date of Injury:	10/18/2012
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male who sustained an industrial injury on 10/18/2012. Diagnoses include lumbar radiculopathy secondary to 3-4mm disc herniation's at L3-4, and L5-S1 per Magnetic Resonance Imaging of December 2012, cervical radiculopathy secondary to 3-4mm cervical disc herniation's at C3-4, C4-5, and C5-6 confirmed by Magnetic Resonance Imaging done in December of 2012, mild right carpal tunnel syndrome, mild left ulnar neuropathy, left knee pain consistent with chronic posttraumatic degenerative joint disease, insomnia, and constipation. Treatment to date has included medications, therapy, two epidural steroid injections, and acupuncture. A physician progress note dated 01/29/2015 documents the injured worker has continued low back pain radiating to both legs with numbness and tingling rated a 7-8 out of 10 on a scale of 1-10. The injured worker reports that following the epidural steroid injection his pain was reduced by 50% for several weeks in the low back. The pain has recurred to some extent but overall the injured worker reports approximately 20% reduction in pain. He also continues to report pain in both wrists and the left knee. Medications help with reduction of pain and increase his functional status. Treatment requested is for third lumbar epidural steroid injection-left L5-S1 under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Third lumbar epidural steroid injection-left L5-S1 under fluroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

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

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. Repeat injections are recommended only if there has been objective documented evidence of reduced pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The records in this case do not document such functional improvement and medication reduction from past epidural steroid treatment. Thus, this request is not medically necessary.