

Case Number:	CM15-0048974		
Date Assigned:	03/20/2015	Date of Injury:	05/22/2014
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/16/2015

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: 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 55 year old male with an industrial injury dated 05/22/2014. His diagnoses included displacement of lumbar intervertebral disc without myelopathy and lumbago. He has been treated with medications and home exercise program. In the progress note dated 01/09/2015 the treating physician notes the injured worker presents with pain in lower back with radiation to the left leg. The pain is described as constant in frequency and severe in intensity. Physical exam revealed an antalgic gait pattern and ambulation with an assistive device. Inspection of the lumbar spine did not show any tenderness or masses. The treating physician requested authorization for lumbar epidural steroid injection based on the failure to improve with conservative treatment, clinical exam and MRI findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient has a date of injury of 05/22/14 and presents with low back pain with radiation of pain to the bilateral legs. The patient also reports numbness and tingling. The current request is for LESI L5-S1. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatome distribution with corroborated findings of radiculopathy." The patient is status post L5-S1 Lumbar Epidural injection on 09/17/14. Review of subsequent progress report dated 10/10/14 and 10/22/14 states that the patient continues with low back pain with numbness and tingling in the legs. On 10/22/14 the patient rated his pain as 10/10. Progress report dated 11/16/14 noted "status epidural steroid injection on 09/17/14 without significant improvement." On 01/09/15, the treating physician stated that "we would like to request continued conservative management of low back and radicular pain" and a request for L5-S1 LESI was made. In this case, there is no discussion of functional improvement or documentation of pain relief following the 09/17/14 LESI. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. The requested epidural steroid injection IS NOT medically necessary.