

Case Number:	CM15-0053651		
Date Assigned:	03/27/2015	Date of Injury:	10/01/2007
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
 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 61 year old male, who sustained an industrial injury on 10/1/2007. He reported injury to the low back while unloading heavy furniture. The injured worker was diagnosed as status post micro-lumbar discectomy, lumbar radiculopathy, right hip pain and right foot pain. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy, acupuncture, chiropractic care, TENS (transcutaneous electrical nerve stimulation) and medication management. In a progress note dated 1/12/2015, the injured worker complains of ongoing low back pain that radiates to the right hip. The treating physician is requesting right lumbar 4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Epidural Steroid Injection to L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: The request is considered not medically necessary. According to MTUS guidelines, no more than 2 epidural steroid injections are recommended. The patient has had two injections without documented improvement. There was no specific objective evidence of documented improvement in pain and functional capacity. At least 50% pain relief with associated reduction of medication use for 6-8 weeks should be documented. The patient was not documented to have failed all conservative therapy. Because of these reasons, the request is considered not medically necessary.