

Case Number:	CM15-0053976		
Date Assigned:	03/27/2015	Date of Injury:	08/12/2012
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/22/2015

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 39 year old male who sustained an industrial injury on August 12, 2012. He has reported lower back pain and has been diagnosed with lumbar disc herniation and lumbar radiculopathy. Treatment has included medication and a prior epidural injection, which provided short-term pain relief. The injured worker recently showed spasm and tenderness over the lumbar spine with decreased range of motion. The treatment request included an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5 level: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Guidelines make a distinction between having a second epidural injection and greater than two injections. If an initial injection provided limited relief, than a

second injection is Guideline supported. There is adequate documentation of a limited response to the first injection. After the 2nd injection the standards become more defined and expansive i.e. 50% or more relief for several weeks plus diminished medication use. With this request being a request for a 2nd injection, the request is supported by Guidelines and is medically necessary.