

Case Number:	CM15-0057069		
Date Assigned:	04/01/2015	Date of Injury:	07/08/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old male with an industrial injury dated July 8, 2014. The injured worker diagnoses include lumbar spine degenerative disc disease, lumbar spine herniated disc, and lumbar spine radiculopathy. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/22/2015, the injured worker reported constant pain in the low back. The injured worker also reported pain and weakness to the left leg since prior visit. Objective findings revealed tenderness to palpitation over the midline lumbar spine from L2-L5 and bilateral paraspinals, bilateral gluteus muscle, left greater than right and left posterolateral thigh. The treating physician prescribed services for Left L3-4 left epidural steroid injection (ESI) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 LESI: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections, diagnostic.

Decision rationale: The claimant is nearly one year status post work-related injury and continues to be treated for low back pain with left lower extremity radicular symptoms. He underwent a lumbar epidural steroid injection on 02/10/15 and when seen 5 weeks later, a second epidural steroid injection was requested. There had been 50%-60% pain relief after the previous injection. He was having radiating left lower extremity pain with numbness and tingling. Physical examination findings included positive left straight leg raising with decreased left lower extremity sensation. An MRI in October 2014 had shown multilevel spondylosis with left lateralized foraminal narrowing at L2/3. Guidelines recommend that at the time of initial use of an epidural steroid injection (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. There should be an interval of at least one to two weeks between injections. In this case, there was pain relief after the first injection 5 weeks before. The requested second epidural steroid injection meets the applicable criteria and was therefore medically necessary.