

Case Number:	CM15-0089779		
Date Assigned:	05/14/2015	Date of Injury:	06/09/2009
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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 60 year old male, who sustained an industrial injury on June 9, 2009, incurring lower back injuries after a lifting accident. He was diagnosed with lumbar degenerative disc disease with stenosis and lumbar radiculopathy. Magnetic Resonance Imaging of the lumbar spine revealed multilevel degenerative disc disease and central canal stenosis. Treatment included physical therapy, anti-inflammatory drugs, pain medications, epidural steroid injection and conservative treatment. Currently, the injured worker complained of recurrent lower back pain radiating into the buttock and thighs. The treatment plan that was requested for authorization included a lumbar epidural steroid injection under imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection under imaging: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 6 and Official Disability Guidelines (ODG), Pain and Low Back Chapters.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for low back pain radiating into the buttocks and thighs. Physical examination findings included slightly positive straight leg raising with a normal lower extremity neurological examination. The claimant had previously undergone epidural injections in November and December 2009. A request for a third injections was not certified. An MRI of the lumbar spine included findings of moderate canal stenosis. In this case, the claimant has symptoms and imaging findings consistent with a diagnosis of lumbar spinal stenosis with neurogenic claudication and with minimal findings by physical examination which is typical for this condition. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the claimant's response to the injections done previously is not documented. Therefore, the request is not medically necessary.