

Case Number:	CM14-0117458		
Date Assigned:	08/06/2014	Date of Injury:	07/10/2007
Decision Date:	10/07/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/26/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male with degenerative disc and joint disease of the lumbar spine as well as lumbar spondylolisthesis at L5-S1 and radiculopathy. His date of injury was 7/10/07. The secondary treating physician note dated 1/23/14 indicated that the injured worker had tenderness to palpation of the paravertebral muscles and increased pain with lumbar extension and flexion. Straight leg raising was negative. Gait was non-antalgic and there was patchy decreased sensation in the bilateral lower extremities with slightly diminished strength of the right extensor hallucis longus muscle. Recommendations included acupuncture and a second lumbar epidural injection. Subsequent secondary treating physician progress notes dated 2/13/14, 3/27/14 and 5/22/14 indicated that the injured worker remained symptomatic but there was no change in his physical examination as well as no change in the diagnoses or recommended treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Epidural Steroid Injection for L5-S1 Spine: Upheld

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

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

Decision rationale: The injured worker does have a diagnosis of lumbar radiculopathy. While an epidural steroid injection may be indicated for diagnostic and therapeutic purposes, a second epidural steroid injection is only indicated if there has been significant response to the initial injection. No documentation regarding the injured worker's response to the initial injection is provided in the documentation. Therefore, according to the evidence based guidelines, the requested second epidural steroid injection for L5-S1 spine is not medically necessary.