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| Case Number: | CM14-0139105 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 09/05/2013 |
| Decision Date: | 10/21/2014 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/27/2014 |

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 Occupational Medicine, and is licensed to practice in Texas. 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:

This injured worker is a 30-year-old involved in a work related injury from September 5, 2013. He sustained a low back injury after delivering heavy boxes. The injured worker had a lumbar magnetic resonance imaging (MRI) from November 15, 2013 noting moderate right and mild left sided neuroforaminal stenosis at L4-5 and L5-S1. The injured worker was having chronic low back pain with some radiation of pain into the right leg. Exam findings noted limited range of motion of the lumbar spine, with positive straight leg raising test on the right, and some decrease in sensation in the right leg, L5 distribution. There was no motor weakness or reflex issues. The injured worker was treated with an epidural injection from June 3, 2014 at L4-5 on the right side. Subsequent to the epidural injection, however, the injured worker complained of an increase in pain, necessitating injection of pain medication and various trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) at L4-L5: 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 injections (ESIs) Page(s): 46.

Decision rationale: The injured worker had received an epidural injection to treat radicular pain. However, the injured worker had no benefit from the injection, and in fact, was worse. He needed further injection of pain medication and trigger point injections. There is no data to support repeating the injection noting the failure of the first injection. Guidelines would expect at least 50% improvement for six to eight weeks before proceeding with another injection, and these criteria have not been met in this instance. Therefore, the request for an ESI at L4-L5 is not medically necessary or appropriate.