

Case Number:	CM14-0218358		
Date Assigned:	01/08/2015	Date of Injury:	09/11/2014
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 30 year-old male, who was injured on September 11, 2014, while cleaning the bottom of a hospital bed. He underwent an MRI of the lumbar spine on 09/22/2014 which showed disc desiccation at the L4-L5 and L5-S1 with associated loss of disc height, modic type 2 end plate degenerative changes at the inferior end plate of L4 and L5 and superior end plate of L5 and S1, L4-L5 diffuse disc herniation that caused stenosis of the spinal canal and bilateral recess/bilateral neural foramen, and a disc herniation at the L5-S1 which caused stenosis of the spinal canal, bilateral neural foramen, and bilateral lateral recess with deviation of the Left S1 transiting nerve root. On 12/08/2014, he presented for an evaluation. A physical examination noted poor heel toe gait, intact sensation, and lumbar range of motion of extension to 15 degrees, lateral flexion both right and left to 10 degrees. Previous treatments have included treatment including medications, radiological imaging, stretching exercises, chiropractic electrical stimulation, an epidural steroid injection on 12/16/2014, and physical therapy. He was diagnosed with neuritis or radiculitis of the thoracic or lumbosacral spine. The treatment plan was for a lumbar transforaminal epidural steroid injection at L4-L5, L5-S1. The request for authorization form was signed on 12/08/2014. The rationale for treatment was to address the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection at L4-L5, L5-S1 x1: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, repeat blocks should be used based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. Based on the clinical documentation submitted for review, the injured worker had undergone an epidural steroid injection on 12/16/2014. However, there is a lack of documentation regarding his response to the epidural steroid injection to support that the injection was effective in relieving his symptoms. There was no documentation regarding a 50% pain relief, functional improvement, or associated medication reduction for 6 to 8 weeks. In addition, there is a lack of documentation regarding significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution, to support that an epidural steroid injection would be medically necessary. Given the above, the request is not medically necessary.