

Case Number:	CM14-0219192		
Date Assigned:	01/09/2015	Date of Injury:	04/23/2012
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 23 year old male who sustained a work related injury April 23, 2012. Past history includes asthma and surgical intervention January 2013, for L5-S1 disk herniation. The nature of the injury was noted as cumulative trauma with on-going low back pain radiating down the right leg which is exacerbated by prolonged standing, walking, bending, and lifting. An MRI of the lumbar spine dated January 10, 2014, reveals post-laminectomy changes present at L5-S1 with right paracentral endplate ridging which is touching the S1 nerve root, the nerve root is slightly thickened (report present in medical record). A progress note in August 26, 2014, indicated an Epidural steroid injection was helping but had worn off by October 2014. On December 4, 2014, the injured worker was seen by a physician as a follow-up with complaints of pain radiating down the right lower extremity. He noted a past epidural injection provided two months of relief. On physical exam, he continues to have 4 out of 5 strength weakness of right plantar and dorsiflexion. On December 8, 2014, the physician requests authorization for consult and treatment for possible steroid injection. According to utilization review performed December 19, 2014, the request for Referral to Pain Management for Injection QTY: (1) is non-certified. The available clinical information does not document the specific prior ESI or specific functional benefit. There has been no response to the request for information and the report is now due. The lack of clinical information does not allow for an assessment of the medical necessity and the request is denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management for Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had received a prior ESI which had short term benefit. The request for an additional lumbar epidural steroid injection is not medically necessary and therefore a referral to a pain specialist is not medically necessary.