

Case Number:	CM14-0030779		
Date Assigned:	04/23/2014	Date of Injury:	07/04/2008
Decision Date:	03/18/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/12/2014

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

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 52-year-old individual with an industrial injury dated 07/04/2008. The mechanism of injury is documented as an auto accident. Follow up visit dated 01/24/2014 notes the injured worker presented for follow up with complaints of pain in the lower back with radiation to the right leg. He rated the pain as 8-9/10. Prior treatments include epidural injections with good relief for six to eight months on a regular basis. The last epidural injection was in April of 2013. Other treatment included diagnostic studies and medications. Diagnosis was lumbar spine sciatica. MRI of lumbar spine done on 06/06/2013 (as documented by provider) showed significant degeneration of the disc at lumbar 4-5, lateral recess stenosis at the multi-level including lumbar 3-4 and lumbar 4-5 and facet joint arthropathy in lumbar 3-4, lumbar 4-5 and lumbar 5- sacral 1. The report is in the submitted records. On 02/18/2014 Utilization Review denied the request for lumbar epidural steroid injection lumbar 3-4, lumbar 4-5 and lumbar 5- sacral 1 noting it is not clear whether the claimant has exhausted all other reasonable treatment for his recurrent symptoms, or whether he has been involved in an ongoing rehab program that is being continued in conjunction with injection therapy. MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION AT L3-4, L4-5, L5-S1: 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 ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain with radiation of pain into the right leg. The current request is for lumbar epidural steroid injection at L3-L4, L4-L5, and L5-S1. The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section pages 46 and 47, "Recommended as an option for treatment for radicular pain (defined as pain in the dermatomal distribution with corroborated findings of radiculopathy)." Review of the medical file indicates the patient underwent a lumbar epidural injection on 04/20/2013. Review of the subsequent progress report dated 05/03/2013 notes, "The patient had an epidural injection, but unlike before, is not noticing as much improvement." The MTUS Guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. This request IS NOT medically necessary.