

Case Number:	CM15-0008248		
Date Assigned:	01/26/2015	Date of Injury:	06/16/2014
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/14/2015

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 54-year-old male who reported an injury on 06/16/2014. The mechanism of injury was not provided. The injured worker underwent an epidural steroid injection at the bilateral L5-S1 on 12/01/2014. Other therapies included physical therapy. The documentation of 11/12/2014 revealed the injured worker had significant back pain with radiation into the right leg. The documentation indicated the low back was unchanged from the prior examination. The diagnoses included conjoined nerve roots at right L5-S1 and grade 1 spondylolisthesis. The documentation indicated the injured worker had an epidural steroid injection scheduled. The documentation indicated the injured worker had an MRI of the lumbar spine on 03/07/2014 which revealed disc desiccation at L5-S1 with moderate loss of disc height. Additionally, it was indicated there was a thecal sac deformity with the shared right L5 and S1 nerve root sleeve proximally with right L5 and S1 nerve roots exiting from their own respective neural foramina. It was opined this appeared to cause a distorted course of the right L5 nerve root. The prior review of 01/12/2015 indicated there was an additional office visit dated 12/30/2014 which revealed the injured worker had an epidural steroid injection with over 50% reduction in leg pain. The documentation indicated the injured worker was approved for a lumbar epidural steroid injection on the right at L5-S1 on 10/06/2014. The physician documentation for the 12/30/2014 office visit was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% pain reduction with an associated decrease in medications and associated improvement in function for 6 to 8 weeks. The clinical documentation submitted for review failed to provide documentation of the above criteria. Additionally, the request as submitted failed to indicate the laterality. Given the above and the lack of documentation, the request for an L5 lumbar epidural steroid injection is not medically necessary.