

Case Number:	CM15-0010942		
Date Assigned:	01/27/2015	Date of Injury:	12/14/2009
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey, New York
 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 40-year-old male, with a reported date of injury of 12/14/2009. The diagnoses include L5-S1 disc protrusion, and lumbar radiculitis. Treatments have included a lumbar epidurogram and insertion of epidural catheter on 11/10/2014; an MRI of the lumbar spine on 09/12/2014, which showed multilevel degenerative changes, with neural foraminal narrowing bilaterally at L5-S1; medications; and home exercise program. The progress report dated 12/02/2014 indicates that the injured worker received 25% pain relief in low back and 0% relief in his leg, after the lumbar epidural steroid injection on 11/10/2014. His medication use did not decrease. The injured worker had decreased pain with Valsalva for approximately one week. The objective findings included decreased range of motion in left and right lumbar side bending; positive bilateral straight leg raise; and normal strength. The treating physician requested L4-S1 epidural steroid injection under fluoroscopic guidance times two (2), noted that the injured worker was not in favor of surgical options. On 12/16/2014, Utilization Review (UR) denied the request for L4-S1 epidural steroid injection under fluoroscopic guidance, noting that the injured worker reported a 25% improvement in low back pain, and a 0% improvement in leg symptoms. The guidelines recommend a 50% improvement for at least 4-6 weeks prior to repeat injections. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 epidural steroid injection under fluoro guidance: 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 Epidural steroid injections Page(s): 46.

Decision rationale: The request for an epidural steroid injection is not medically necessary. The patient had a previous lumbar ESI. According to MTUS guidelines, there should be a 50% decrease in pain with associated decrease in pain medication dosage for six to eight weeks. The patient only experienced 25% decrease in low back pain and 0% decrease in leg pain. Because the initial ESI was not effective, a repeat injection is not indicated. Therefore, the request is considered medically unnecessary.