

Case Number:	CM15-0013736		
Date Assigned:	02/02/2015	Date of Injury:	01/16/2012
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 an industrial injury on 1/16/2012. The current diagnoses are lumbosacral disc injury, lumbosacral radiculopathy, lumbosacral sprain/strain, and broad-based central 4 millimeter disc protrusion at L5-S1. Currently, the injured worker complains of a severe flare-up of pain involving the low back and legs. Examination of the lumbar spine reveals tenderness with myofascial trigger point in the lumbosacral paraspinal and gluteal region. There is positive straight leg raising test in the left. Treatment to date has included medications, physical therapy, and epidural steroid injection (6/5/2013). The treating physician is requesting lumbar epidural steroid injection at L5-S1, which is now under review. On 1/12/2015, Utilization Review had non-certified a request for lumbar epidural steroid injection at L5-S1. The California MTUS Chronic Pain Medical Treatment 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 L5, S1: Overturned

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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for low back and lower extremity pain. A prior epidural steroid injection in 2012 is referenced as providing more than 70% pain relief lasting for up to two years. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the requested epidural injection is within applicable guidelines and therefore medically necessary.