

Case Number:	CM15-0110859		
Date Assigned:	06/17/2015	Date of Injury:	11/04/2005
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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:

This 50 year old male sustained an industrial injury on 11/04/05. He subsequently reported back pain. Diagnoses include lumbar degenerative disc disease. Treatments to date include x-ray and MRI testing, injections, left knee surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the left lower extremity. Upon examination, there was muscle spasm and guarding over the bilateral erector spinae and gluteus maximus region. Lumbar spine range of motion was reduced. Straight leg raising test is positive in the left lower extremity at 45 degrees in a sitting position.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar (lower back) epidural steroid injection (levels and side not specified) for lower back pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in November 2005 and continues to be treated for repeat back pain. An epidural injection is referenced as having provided up to 75% pain relief with improved activities of daily living and decreased need for pain medication. When seen, he was having back pain radiating into the left lower extremity. There was decreased left lower extremity strength. A repeat epidural injection was recommended. Guidelines recommend that, 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 medically necessary.