

Case Number:	CM15-0176056		
Date Assigned:	09/17/2015	Date of Injury:	09/20/2014
Decision Date:	10/19/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, California
 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:

This 36 year old male sustained an industrial injury on 9-20-14. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease. Previous treatment included physical therapy and medications. Magnetic resonance imaging lumbar spine (2-23-14) showed disc bulge at L4-5 and L5-S1 with bilateral foraminal stenosis. In an initial orthopedic evaluation dated 7-10-15, the injured worker reported that right L4-5 transforaminal epidural steroid injection (5-22-15) brought approximately two to three days of good pain relief but the pain returned. In a PR-2 dated 7-25-15, the injured worker complained of ongoing low back and right leg pain with numbness. Physical exam was remarkable for 4 out of 5 motor strength to the right tibialis anterior, right extensor hallucis longus and right plantar flexion, positive right straight leg raise and ongoing numbness and tingling in the posterolateral aspect of the right leg to the dorsum of the right foot. The physician had reviewed the magnetic resonance imaging and recommended L4-5 and L5-S1 decompression. The injured worker stated that he was uninterested in operative intervention and wanted to proceed with conservative modalities. The treatment plan included requesting a second right L4 and L5 transforaminal steroid injection. On 8-14-15, Utilization Review noncertified a request for epidural steroid injections at right L4-5 times two.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (ESI) at the right L4-L5 times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the claimant does have radicular symptoms with abnormal imaging. However, prior ESI provided short term relief. The ACOEM guidelines do not recommend ESI due to their short term benefit. As a result, the request for another ESI is not medically necessary.