

Case Number:	CM15-0028983		
Date Assigned:	02/20/2015	Date of Injury:	01/17/2013
Decision Date:	04/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/17/2015

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 35-year-old male, with a reported date of injury of 01/17/2013. The diagnoses include acute pain, lumbosacral spondylosis, lumbar sprain, lumbar disc displacement, and sciatica. Treatments included topical pain medication, and lumbar epidural steroid injection on 01/05/2015. The progress report dated 02/06/2015 indicates that the injured worker complained of low back pain and the inability to sleep. The objective findings included spastic back muscle, and an antalgic gait. The treating physician requested a lumbar epidural steroid injection at L5-S1. The rationale for the request was not indicated. On 02/10/2015, Utilization Review (UR) denied the request for a lumbar epidural steroid injection at L5-S1, noting that there was no documentation of at least 50-70% pain relief for six to eight weeks following the previous injection. The MTUS ACOEM Guidelines and the non-MTUS Official Disability 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 @L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ESIs.

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

Decision rationale: The request for repeat ESI is not medically necessary according to MTUS guidelines. The patient had previous injection. According to guidelines, there must be at least 50% pain relief with reduction in medication usage and objective improvement in pain and functional capacity. There was no documentation to support improvement in function. Radiculopathy also must be documented by exam and corroborated by imaging or electrodiagnostic studies. Therefore, the request is considered not medically necessary.