

Case Number:	CM15-0043334		
Date Assigned:	03/13/2015	Date of Injury:	11/18/2011
Decision Date:	04/22/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/06/2015

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 61 year old male who sustained an industrial injury on November 18, 2011. He has reported low back pain and has been diagnosed with herniated nucleus pulposus at L4-5 with left L5 radiculopathy and far lateral herniated disc at L2-3 with right L2 nerve root compression, asymptomatic. Treatment has included medications and injection. Currently the injured worker complains of 1 + lumbar paraspinous muscle spasm with tenderness. There was a positive straight leg raise sign on the left at 60 degrees. The treatment plan included a second epidural steroid injection at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second L4-L5 epidural steroid injection (ESI): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS guidelines indicate that the criteria for repeat epidural steroid injections includes documentation of at least 50% pain relief for 6 to 8 weeks with the prior injection. Although the injured employee has had a previous epidural steroid injection there are no objective comments regarding its efficacy. This request for a second L4 - L5 epidural steroid injection is not medically necessary.