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| Case Number: | CM15-0074664 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 05/21/2014 |
| Decision Date: | 05/22/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 30 year old male, who sustained an industrial injury on May 21, 2014. The injured worker was diagnosed as having spinal stenosis, lumbar disc herniation and lumbar radiculopathy. Treatment and diagnostic studies to date have included epidural steroid injection and medication. A progress note dated March 12, 2015 provides the injured worker complains of back pain with numbness and tingling in the leg. He reports previous epidural steroid injections have helped. Physical exam notes decreased range of motion (ROM). The plan is for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI, lumbar, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroids Page(s): 46.

Decision rationale: Guidelines state that epidural steroid injection is optional for radicular pain for short term only but there is no long-term benefit or reduction for the need of surgery. Furthermore, repeat injections require continued objective documented pain and functional improvement including at least 50% pain relief with reduction in medication use for 6-8 weeks with no more than 4 blocks per year. In this case, clinical documentation lacks information such as the date of the most recent epidural steroid injection, along with the percentage of relief the patient obtained and the length of time the relief lasted. The request for ESI, L4-S1 is not medically appropriate and necessary.