

Case Number:	CM15-0075213		
Date Assigned:	04/27/2015	Date of Injury:	09/15/2000
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male injured worker suffered an industrial injury on 09/15/2000. The diagnoses included lumbar disc disease and lumbar radiculopathy. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections with good results. On 3/12/2015 the treating provider reported severe back pain 8/10 radiating down both legs with decreased sensation. The treatment plan included epidural steroid injection with epidurography.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar (lower back) epidural steroid injection with epidurography and monitored anesthesia care x1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI

Page(s): 46.

Decision rationale: Per the MTUS Chronic Pain Guidelines (page 46), most current guidelines recommend no more than 2 epidural steroid injections. In order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications); the patient's record does not adequately reflect documented unresponsiveness to conservative modalities since initial steroid injection three years ago, however, given the response to prior injections, it seems that a repeat injection at this time is appropriate based on prior success and current physical exam findings. The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, in the clinical opinion of this reviewer, the request for additional epidural steroid injection at this time is considered medically appropriate based on the provided case documents, without awaiting documentation of failure with more conservative measures.