

Case Number:	CM15-0077111		
Date Assigned:	04/28/2015	Date of Injury:	02/09/2012
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old male, who sustained an industrial injury on 2/09/2012. He reported injury to the back after cumulative trauma from repetitive pushing and pulling. Diagnoses include lumbosacral sprain/strain, thoracic sprain/strain, and right hip sprain/strain, old compression fracture L1, and multilevel lumbar disc bulges. Treatments to date include modified activity, rest, ice/heat, medication therapy, physical therapy, and chiropractic therapy. Currently, he reported improvement in symptoms from last epidural steroid injection. On 3/23/15, the physical examination documented no changes in objective findings. The plan of care included a second lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second (2nd) lumbar epidural steroid injection with anesthesiologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic radiating low back pain. A prior lumbar epidural steroid injection in July 2013 is referenced as having helped for 1 to 1 months. When seen, there was positive straight leg raising. Guidelines recommend that, when in the therapeutic phase, repeat epidural steroid injections should be based on documented pain relief with functional improvement, including at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the degree of pain relief is unknown and the duration was less than 6 weeks. The requested epidural injection is not within the guidelines and therefore not medically necessary.