

Case Number:	CM14-0190448		
Date Assigned:	11/21/2014	Date of Injury:	02/13/2014
Decision Date:	01/27/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/14/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27-year-old male who experienced an industrial injury 02/13/14. He was re-evaluated by the primary treating physician 06/16/14. He complained of constant low back pain, rated as moderate to occasionally severe. He stated the pain radiates to his bilateral buttocks with numbness and tingling sensation. He stated the pain increases when doing daily activities and going up or down stairs, and it decreases with pain medication. Upon examination by the physician, he head tenderness to palpation with spasms of the lumbar paraspinals and tenderness to palpation of the bilateral sacroiliacs. Diagnoses were tension headaches, head contusion, lumbar spine sprain/strain with radiculitis, one epidural steroid injection to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One epidural steroid injection for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 589-592, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -

Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic, per ODG website

Decision rationale: Regarding the request for lumbar spine epidural steroid injection, guidelines recommend it as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria for use of epidural steroid injections includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The request is not reasonable as there is no indication that there is radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic testing and pain was initially unresponsive to conservative treatment.