

Case Number:	CM14-0201474		
Date Assigned:	12/12/2014	Date of Injury:	09/08/2014
Decision Date:	02/11/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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 65-year-old individual with an original date of injury of September 8, 2014. The industrial diagnoses include low back pain, lumbar disc displacement, hip strain and sprain, and lumbar sprain. The mechanism of injury occurred while the employee was assisting customers with their luggage and felt a pool in the lower back. The worker complains of low back pain with radiation into the right thigh and Region, and the pain is rated seven out of 10 per progress note on date of service October 28, 2014. The disputed issue is a request for a lumbar epidural steroid injection. The rationale for the denial was that no corroborative MRI or electrodiagnostic testing was presented.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Epidural Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS, page 46, 2010 Revision, Web Edition.

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

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Within the documentation available for review, there is documentation that the patient also had a previous industrial injury from 3/25/2005. The worker, however, does not appear to have had a recent MRI or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar Epidural Steroid Injection is not medically necessary.