

Case Number:	CM14-0051292		
Date Assigned:	07/07/2014	Date of Injury:	09/13/2013
Decision Date:	01/08/2015	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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 and Rehabilitation 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:

This injured worker has a date of injury of 9/13/13. The patient is being treated for neck and low back pain. Treatment diagnoses include chronic cervical and lumbar myofascial strain and L5-S1 herniated disc. Neurologic exam is normal. Straight leg raise test is negative. Lumbar flexion is impaired and lumbar extension is normal. Pain is noted in the right lower limb. An MRI of the lumbar spine on 1/7/14 reports evidence of an L5-S1 5 mm central disc protrusion with evidence of a bilateral S1 and left L5 nerve root impingements. The request is being made for lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

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

Decision rationale: The injured worker presents with chronic low back pain and evidence of L5-S1 disc herniation on MRI. For primary complaint of intractable low back pain an epidural steroid injection has been requested. The patient's physical exam findings lack evidence of

lumbar radiculopathy corroborated by imaging studies and/or electrodiagnostic studies. There is no evidence in the records which support the request is for diagnostic purposes. Therefore, the request as written is not medically necessary.