

Case Number:	CM15-0005321		
Date Assigned:	02/26/2015	Date of Injury:	05/28/2013
Decision Date:	04/07/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 44-year-old male, who sustained an industrial injury on 5/28/13. The injured worker has complaints of lower back pain that radiates to his right hip area. The diagnoses have included lumbar radiculopathy. Treatment to date has included pain management; cortisone injection to the sacroiliac joint without benefits; epidural steroid injection, which he noted more substantial benefit than the prior sacroiliac joint injection and medication. Magnetic Resonance Imaging (MRI) of the lumbar spine 8/29/14 showed 2mm broad based disc bulges at levels L4-L5 and L5-S1 with minimal degenerative changes of lumbar spine. According to the utilization review performed on 12/10/14, the requested Lumbar epidural steroid injection at L4, L5, and S1 has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4, L5, and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, the request for Lumbar epidural steroid injection at L4, L5, and S1 is not medically necessary.