

Case Number:	CM15-0101127		
Date Assigned:	06/03/2015	Date of Injury:	06/16/2008
Decision Date:	07/02/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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 53 year old male who sustained an industrial injury on 06/16/2008. Treatment provided to date has included: physical therapy, medications, and previous low back surgery with no date given and it is unknown if this was a result of the work related injury. There were no noted diagnostic tests or results. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/29/2015, physician progress report noted complaints of severe low back pain. Pain was not rated in severity, but was described as worsening with physical therapy. The injured worker reported being in bed for the last 3 days due to increased pain. A previous exam (04/15/2015) reported a pain rating of 10/10. The physical exam revealed tenderness to palpation in the lower back over the previous surgical scar. The provider noted diagnoses of lumbar herniated nucleus pulposus. Due to increasing pain, the injured worker agrees to the plan for the lumbar steroid injection. Plan of care includes a lumbar epidural steroid injection to L5-S1 (to be given in the office). Requested treatments include lumbar epidural steroid injection to L5-S1 (to be given in the office).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L5-S1 to be given in the office: 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 sustained a work-related injury in June 2008 and continues to be treated for low back pain. When seen, she had severe low back pain after physical therapy and had been in bed for 3 days. There was lumbar spine and bilateral posterior superior iliac spine tenderness. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy and therefore the requested epidural steroid injection was not medically necessary.