

Case Number:	CM15-0102634		
Date Assigned:	06/05/2015	Date of Injury:	04/08/2014
Decision Date:	07/16/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injuries on 01/20/2014 and 04/08/2014. The injured worker is currently able to return to work with modifications. The injured worker is currently diagnosed as having cervical disc disorder, lumbar disc disorder, lumbago, cervicalgia, and gastroesophageal reflux disease. Treatment and diagnostics to date has included lumbar spine MRI, cervical spine MRI, and medications. In a progress note dated 03/12/2015, the injured worker presented with complaints of neck and back pain. Objective findings include cervical and lumbar spine pain and decreased range of motion. The treating physician reported requesting authorization for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Epidural steroid injection with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection Page(s): 48.

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

Decision rationale: The patient presents with pain affecting the upper and lower back. The current request is for L4-5 Epidural steroid injection with fluoroscopy. The treating physician states in the report dated 3/26/15, "L4-5 epidural steroid injection under fluoroscopic guidance x1." (17B) The treating physician documents that the patient has had a cervical and lumbar MRI but the reports were not submitted for review and the treating physician did not document the results. (22B) The MTUS guidelines state that radiculopathy must be documented and the patient must have failed to respond to conservative treatment. Additionally, there must be diagnostic imaging to corroborate radiculopathy. In this case, the treating physician has not documented if the patient has symptoms of radiculopathy or if the patient has failed conservative treatments and there are no imaging studies to corroborate radiculopathy. The current request is not medically necessary.