

Case Number:	CM15-0015850		
Date Assigned:	02/03/2015	Date of Injury:	12/11/2013
Decision Date:	04/15/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/27/2015

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 47 year old male who sustained a work related injury December 11, 2013, with an onset of back pain. He reports he works in a warehouse, lifting boxes of files. There is a history of a left arm injury, not specified. According to a primary treating physician's progress report dated December 11, 2014, the injured worker presented with complaints of low back pain. An MRI revealed a 5mm disc protrusion (report dated 12/05/2014 present in medical record). The physician requests authorization for two lumbar epidural steroid injections. Work status is documented as temporarily totally disabled until January 22, 2015. According to utilization review dated January 7, 2015, the request for LESI (lumbar epidural steroid injection) at L5-S1 x 2 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI) x 2: 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 Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant has a history of a work injury occurring in December 2013 and continues to be treated for chronic back pain. An MRI of the lumbar spine is referenced as showing a disc protrusion. When seen by the requesting provider, no physical examination findings are documented. Criteria for the use of an epidural steroid injections 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.