

Case Number:	CM15-0130383		
Date Assigned:	07/16/2015	Date of Injury:	01/17/2015
Decision Date:	08/12/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34-year-old female with an industrial injury dated 01/17/2015. The injured worker's diagnoses include lumbar herniated disc, lumbar radiculopathy and lumbar degenerative disc disease. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine in April 2015, prescribed medications, chiropractic treatment and periodic follow up visits. In a progress note dated 06/11/2015, the injured worker reported low back pain and sciatica pain. Objective findings revealed limped gait and no tenderness to palpitation in the lumbar spine. Sensory exam revealed reduced sensation in the right lower leg and right and left foot. The treating physician reported that the Magnetic Resonance Imaging (MRI) revealed herniated nucleus pulposus centrally and on the right at L4-5 causing compression of the right L5 nerve root. The treatment plan consisted of medication management, referral for epidural steroid injection (ESI) and swimming therapy for reconditioning and weight loss. The treating physician requested services for one referral for lumbar epidural steroid injection now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Referral for lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Guidelines have very specific criteria to justify epidural injections. This individual appears to meet the Guideline criteria with neurological changes consistent with MRI findings. Under these circumstances, the request for 1 Referral for lumbar epidural steroid injection is supported by Guidelines. The referral is medically necessary and appropriate.