

Case Number:	CM15-0132685		
Date Assigned:	07/20/2015	Date of Injury:	11/12/2014
Decision Date:	08/14/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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 26 year old male who sustained an industrial injury on 11/12/14. Initial complaints and diagnoses are not available, treatments to date include medications. Diagnostic studies include x-rays of the spine and a MRI of the lumbar spine on 04/08/15. Current complaints include low back pain with radiation down the left leg. Current diagnoses include low back pain with radiation to the left leg. In a progress note dated 06/10/15 the treating provider reports the plan of care as medications including Carisoprodol and hydrocodone and a Left L4-5 epidural steroid injection. The requested treatment includes a left L4-5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Epidural Steroid Injection: 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 injury in November 2014 and continues to be treated for back pain radiating into the left lower extremity. An MRI of the lumbar spine on 04/08/15 included findings of disc bulging without neural compromise. When seen, there was decreased and painful lumbar spine range of motion. There was normal gait. There was a normal neurological examination including negative neural tension signs. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents a normal neurological examination and imaging is negative for neural compromise. The requested epidural steroid injection is not medically necessary.