

Case Number:	CM15-0134231		
Date Assigned:	07/22/2015	Date of Injury:	02/25/2014
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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 48-year-old female, who sustained an industrial injury on 2/25/2014. She reported acute low back pain with lifting activity. Diagnoses include lumbar sprain/strain and bilateral lumbar radiculopathy. Treatments to date include medication therapy, back brace, acupuncture treatments and physical therapy. Currently, she complained of low back pain with radiation into bilateral lower extremities. On 5/15/15, the physical examination documented tenderness, muscle spasms and decreased range of motion in the lumbar spine. The straight leg raise was positive bilaterally. The appeal requested authorization of lumbar epidural steroid injections (LESI) to right side level L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, L5-S1: Upheld

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

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 February 2014 and is being treated for radiating back pain. Treatment Included medications, acupuncture, physical therapy, and use of a back brace. When seen, there was lumbar spine tenderness and decreased range of motion. The neurological examination references no gross deficit except for those stated in the extremity exam, however, no extremity exam was recorded. Another assessment three days before documents positive straight leg raising with normal lower extremity strength and sensation. An MRI of the lumbar spine is referenced as showing severe L5-S1 degenerative disc disease with L4-5 disc bulging. Authorization for a lumbar epidural steroid injection is being requested. 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, there are no documented physical examination findings such as decreased lower extremity strength, sensation, or reflexes and imaging is not reported as showing neural compromise. The criteria for an epidural steroid injection are not met and the request cannot be considered medically necessary.