

Case Number:	CM15-0140409		
Date Assigned:	07/30/2015	Date of Injury:	01/03/2014
Decision Date:	08/27/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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:

This 63 year old man sustained an industrial injury on 1-3-2014 after a slip and fall. Evaluations include lumbar spine MRI dated 5-27-2014. Diagnoses include lumbosacral iliac sprain-strain, sacral radiculopathy, and left sacroiliac joint dysfunction. Treatment has included oral medications, surgical intervention, and right shoulder injections. Physician notes dated 6-9-2015 show complaints of right shoulder and low back and left hip pain rated 7 out of 10. Recommendations include sacral nerve block, epidural steroid injection, and possible sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, Left L4-L5, Left L5-S1: 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 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in January 2014 and is being treated for radiating low back pain. An MRI of the lumbar spine is referenced as showing chronic lumbar degenerative disc disease. The report was not included in the documents provided for review. When seen, pain was rated at 7/10. There was decreased left lower extremity sensation with positive left straight leg raising. There was left sacroiliac joint and gluteal tenderness. 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 decreased left lower extremity sensation with positive straight leg raising. However, the imaging results as reported do not describe findings that corroborate left lumbar radiculopathy. Therefore, the request cannot be accepted as being medically necessary.