

Case Number:	CM15-0143443		
Date Assigned:	08/04/2015	Date of Injury:	02/13/2015
Decision Date:	09/01/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 53-year-old male who sustained an industrial injury on 02-13-2015. Diagnoses include chronic low back pain and acute lumbar strain. Treatment to date has included medications, activity modification, back care instruction and physical therapy (PT). According to the progress notes dated 7-9-2015, the IW reported significant residual low back pain after completing PT. He complained of increased pain with lying down and interrupted sleep. On examination, the plantar flexors and dorsiflexors were within physiologic range and sensation was intact to light touch bilaterally. MRI of the lumbar spine showed disc damage and settling at the L4-5 level. A request was made for epidural steroid injection of the lumbar spine at the L4- L5 level to treat low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection of the lumbar spine at the level L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of lumbar radiculopathy. There is no recent radiological and EMG/NCV findings pointing to a specific L4-L5 root dysfunction. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, Epidural Steroid Injection of the lumbar spine at the level L4-L5 is not medically necessary.