

Case Number:	CM15-0162967		
Date Assigned:	09/08/2015	Date of Injury:	12/15/2014
Decision Date:	10/07/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/19/2015

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 38 year old male, who sustained an industrial injury on December 15, 2014. He reported neck, left shoulder and low back pain. Treatment to date has included x-rays, toxicology screen, MRI, cortisone injections, physical therapy and activity modification. Currently, the injured worker complains of neck pain that radiates down the mid portion of his back with muscle spasms and low back pain. The injured worker is currently diagnosed with lumbar disc herniation at L4-L5 and L5-S1. His work status is temporary total disability. A progress note dated June 6, 2015 states the injured worker did not experience benefit from the steroid injection to his left shoulder. The note also states the injured worker is not experiencing therapeutic efficacy from his medication regimen. The note further states the injured worker has experienced therapeutic failure from anti-inflammatory medications, physical therapy, activity modification and cortisone injection. A lumbar epidural steroid injection at L4- L5 and L5-S1 is requested to decrease pain and improve function and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (ESI) at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for left shoulder, neck, and low back pain. An MRI of the lumbar spine on 06/24/15 included findings of a right L5-S1 disc protrusion. There was no description of either canal or foraminal compromise. When seen, the assessment references having undergone the MRI of the lumbar spine. The claimant was continuing to have neck pain radiating down the mid-portion of his back and had a recent complaint of muscle spasms. Physical examination findings included a normal neurological examination. The assessment specifically references an absence of radiculopathy. There was lumbar paraspinal muscle tenderness with mild spasms and positive straight leg raising. There was pain with lumbar spine range of motion. Authorization is being requested for a lumbar epidural injection. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. There are no lower extremity radicular complaints. Imaging does not confirm the presence of any neural compromise. The requested epidural steroid injection was not medically necessary.