

Case Number:	CM15-0164499		
Date Assigned:	09/01/2015	Date of Injury:	01/18/2010
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 42 year old male who sustained an industrial injury on 1-18-2010. He was walking between the warehouse and a van as he was loading and collapsed to the floor due to pain in the right lower back. He has reported low back pain in the right side and has been diagnosed with degeneration of thoracic or lumbar intervertebral disc, lumbar disc displacement, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar disc degeneration, and lumbar disc herniation. Treatment has included physical therapy, injections, radiofrequency ablation, and medications. Lumbar range of motion was within limits. Straight leg raise was positive in the supine position to 60 degrees on the right for radicular pain. The treatment plan included an epidural steroid injection. The treatment request included right L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Epidural Steroid Injection: Upheld

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

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

Decision rationale: Right L4-L5 epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal objective imaging studies or objective electrodiagnostic studies for review to corroborate with history and physical exam findings. For this reason, the request for epidural steroid injection is not medically necessary.