

Case Number:	CM15-0169848		
Date Assigned:	09/10/2015	Date of Injury:	03/09/2015
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/28/2015

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 28 year old male who sustained an industrial injury on 8-1-14. The injured worker reported right sided back pain with occasional radiation to the left lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar intervertebral disc without myelopathy. Medical records dated 7-10-15 indicate pain rated at 5 out of 10. Provider documentation dated 7-10-15 noted the work status as returning to full duty 8-1-15. Treatment has included lumbar spine magnetic resonance imaging (5-11-15), transcutaneous electrical nerve stimulation unit, physical therapy, activity modification, exercise, Ultram since at least May of 2015, Ibuprofen, and radiographic studies. Objective findings dated 7-10-15 were notable for tenderness to the L4 spine, normal gait, sensory and motor intact. The original utilization review (8-21-15) denied a Lumbar epidural block left L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural block left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in August 2014 and is being treated for low back pain with left lower extremity radiating symptoms. When seen, he was having right low back pain radiating into the left lower extremity with numbness. Physical examination findings included lumbar tenderness with normal strength and sensation. He was using TENS and medications, which were effective, but medications were interfering with sleep. An MRI in May 2015 had shown an L5-S1 disc herniation affecting the S1 nerve roots. 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, when requested, there were no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that support a diagnosis of radiculopathy. The requested epidural steroid block was not medically necessary.