Case Number:	CM15-0184962		
Date Assigned:	09/25/2015	**Date of Injury:**	04/09/2014
Decision Date:	12/07/2015	**UR Denial Date:**	08/24/2015
Priority:	Standard	**Application Received:**	09/21/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 38 year old male, who sustained an industrial injury on April 9, 2014, incurring upper and lower back injuries. He was diagnosed with cervical strain, cervical degenerative disc disease, cervical stenosis, lumbar disc protrusion and lumbar radiculopathy. Treatment included physical therapy, acupuncture, pain medications, and activity restrictions. He had been denied a lumbar epidural steroid injection in the past. Currently, the injured worker complained of persistent neck pain, back pain radiating into the right leg with cramping and numbness to the bottom of the foot. He rated his pain 8 out of 10 on a pain scale from 0 to 10. Upon examination he was noted to have reduced lumbar range of motion, spasms and nerve tension signs of the right lower extremity. The consistent pain interfered with the injured worker's activities of daily living. Therapy helped alleviate some of his pain symptoms. The treatment plan that was requested for authorization included a lumbar epidural steroid injection. On August 24, 2015, a request for a lumbar L4-5 epidural steroid injection was modified to L5-S1 epidural steroid injection by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 epidural steroid injection: 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: Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. It appears that the treating physician actually intended to request L5-S1 injection, per the provided Utilization Review documents, and therefore the modification appears appropriate in conjunction with the provided records. Given the recommendations for epidural steroid injections as written in the MTUS guidelines, and the history of failure of other conservative modalities, the request for epidural steroid injection as modified is appropriate, but the initial request for L4-L5 is not medically necessary at this time.