

Case Number:	CM15-0189614		
Date Assigned:	10/01/2015	Date of Injury:	05/15/2015
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 30 year old male who sustained an industrial injury on 5-15-15. The injured worker reported pain in the low back with left lower extremity radiation. A review of the medical records indicates that the injured worker is undergoing treatments for left lower extremity radiculitis. Medical records dated 8-4-15 indicate "dull...moderately severe...intermittent". Provider documentation dated 8-4-15 noted the work status as "Return to work with restrictions as of 08-04-2015." Treatment has included at least 6 sessions of physical therapy, at least 6 sessions of occupational therapy, Acetaminophen, Nabumetone, Cyclobenzaprine, magnetic resonance imaging. Objective findings dated 8-26-15 were notable for tenderness to palpation to the anterior rotator cuff, decreased lumbar range of motion, tenderness to palpation to the lumbosacral junction, deep tendon reflexes decreased symmetrically. The original utilization review (9-10-15) denied a request for one lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar 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: According to the guidelines, an ESI is appropriate for those that have radicular findings on exam and diagnostics. In this case, the claimant does not have physical or diagnostics findings of radiculopathy. In addition, the level of ESI or use of image guided intervention is not mentioned. The request for the ESI is not medically necessary.