

Case Number:	CM15-0199359		
Date Assigned:	10/14/2015	Date of Injury:	04/09/2014
Decision Date:	11/23/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/09/2015

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: California

Certification(s)/Specialty: Emergency 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 37-year-old male, with a reported date of injury of 04-09-2014. The diagnoses include lumbar disc displacement, lumbar strain and sprain, radicular syndrome of the lower limbs, and bilateral L4-5 lumbar radiculopathy. Treatments and evaluation to date have not been specified in the medical records included. The diagnostic studies to date have included electrodiagnostic studies of the bilateral lower extremities and lumbar paraspinal muscles on 07-09-2015 with normal findings. The progress report dated 08-20-2015 indicates that the injured worker complained of low back pain that was described as moderate, sharp, and stabbing. The pain radiated to the thoracic spine. The objective findings include decreased lumbar range of motion, tenderness to palpation of the bilateral sacroiliac joints and L5-S1 spinous processes; and bilateral Lasegue's test. The treatment plan included an epidural injection of the lumbar spine at L5-S1 on the left. The injured worker has been instructed to return to modified work on 08-21-2015. The treating physician requested a lumbar epidural steroid injection in the left L5-S1. On 10-05-2015, Utilization Review (UR) non-certified the request for a lumbar epidural steroid injection in the 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 Steroid Injection Left L5-S1: Upheld

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

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

Decision rationale: The requested Lumbar Epidural Steroid Injection Left L5-S1 is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), "recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials." The injured worker has low back pain that was described as moderate, sharp, and stabbing. The pain radiated to the thoracic spine. The objective findings include decreased lumbar range of motion, tenderness to palpation of the bilateral sacroiliac joints and L5-S1 spinous processes; and bilateral Lasegue's test. The diagnostic studies to date have included electrodiagnostic studies of the bilateral lower extremities and lumbar paraspinous muscles on 07-09-2015 with normal findings. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Lumbar Epidural Steroid Injection Left L5-S1 is not medically necessary.