

Case Number:	CM15-0202512		
Date Assigned:	10/19/2015	Date of Injury:	03/15/2011
Decision Date:	11/30/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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 46 year old male, who sustained an industrial-work injury on 3-15-11. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbago, failed back syndrome, constipation, and depression. Treatment to date has included medication, surgery (L5-S1 decompression and fusion), diagnostic testing, and aquatic therapy. Currently, the injured worker complains of lumbar pain rated 9 out of 10 which decreased from 10 out of 10 with last visit. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted decreased lumbar range of motion, lordosis, and grade 4 tenderness and antalgic gait with crutches and back brace utilized. Current plan of care includes continuation of aquatic therapy. The Request for Authorization requested service to include Lumbar epidural steroid injection at L5-S1 with MAC (monitored) anesthesia. The Utilization Review on 9-17-15 denied the request for Lumbar epidural steroid injection at L5-S1 with MAC (monitored) anesthesia, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1 with MAC (monitored) anesthesia: 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, ESIs are recommended for those with radiculopathy on exam and imaging who have failed conservative therapy. In this case, the claimant the claimant does have a positive straight leg raise but the claimant does not have imaging findings of neural compression as noted on an MRI on 7/6/15. As a result, the request for an ESI is not medically necessary.