

Case Number:	CM15-0203236		
Date Assigned:	10/19/2015	Date of Injury:	06/13/2014
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 43 year old male injured worker suffered an industrial injury on 6-13-2014. The diagnoses included lumbar spondylolisthesis, left SI joint sprain, lumbar spine radiculopathy with discogenic pain and muscle spasms. On 6-2-2015 the provider reported constant moderate 7 out of 10 low back pain. On exam the provider noted the dermatome sensations were intact bilaterally in both lower extremities. The lumbar range of motion was decreased and painful with tenderness noted. The sitting straight leg raise, Kemp's and Valsalva caused pain bilaterally. On 9-1-2015 the secondary treating provider reported that the low back pain persisted with tender lumbar muscles. Prior treatments included medication and pool therapy The Utilization Review on 9-24-2015 determined non-certification for Lumbar epidural steroid injection (LESI) left L4-5 and 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 (LESI) left L4/5 and 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: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.