

Case Number:	CM15-0026805		
Date Assigned:	03/25/2015	Date of Injury:	06/29/2009
Decision Date:	04/17/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male, who sustained an industrial injury on 06/24/2010. Initial complaints and diagnoses were not provided. Treatment to date has included MRI of the lumbar spine (no date), conservative care, medications, physical therapy and chiropractic manipulation. Currently, the injured worker complains of low back pain radiating to both lower extremities with numbness, tingling and weakness. Current diagnoses include lumbar spine radiculitis and lumbar disc displacement. The treatment plan consisted of epidural steroid injection to the L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Lumbar Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for low back pain with bilateral lower extremity radicular symptoms. When seen by the requesting provider, complaints included radiating low back pain into both lower extremities with numbness and tingling. Physical examination findings included positive straight leg raising with decreased lower extremity sensation. Prior failed treatments referenced include physical therapy and medications. The notes reference diagnoses of disc herniation and discopathy and testing has included a lumbar spine MRI, but no reported imaging findings are documented. Criteria for the use of an epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, although the claimant has complaints consistent with radiculopathy and physical examination findings support this diagnosis, there is no documentation of confirmatory imaging findings or electrodiagnostic testing. Therefore, the requested epidural steroid injection was not medically necessary.