

Case Number:	CM15-0028062		
Date Assigned:	02/20/2015	Date of Injury:	02/14/2006
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55 year old female, who sustained an industrial injury on 02/14/2006. On provider visit dated 12/15/2014 the injured worker has reported lower back pain that radiates down left lower extremity with intermittent numbness and tingling in left leg. On examination she was noted to have a decrease in lumbar spine range of motion, tenderness to palpation of trigger points, and muscle spasms to the left iliolumbar ligament and left lumbar spine paraspinal muscle. The diagnoses have included left lumbosacral strain and left lumbosacral radiculopathy. Treatment to date has included medication, injections and TENS Unit and home exercise program. On 01/21/2015 Utilization Review non-certified Left L4, L5, S1 ESI (epidural steroid injection) #1 for 2015. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4,L5,S1 ESI #1 for 2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, documentation does not contain objective findings on examination and recent electrodiagnostic study to support the presence of radiculopathy. Therefore, the request for Left L4, L5, S1 ESI #1 is not medically necessary.