

Case Number:	CM15-0036065		
Date Assigned:	03/04/2015	Date of Injury:	03/05/2013
Decision Date:	04/09/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 male, who sustained an industrial injury on 03/05/2013. On provider visit 12/22/2014 the injured worker has reported lower back pain with radiation factors to the left leg into the left foot with numbness. The diagnoses have included lumbar radiculopathy, lumbar myofascial pain and muscle sprain. Treatment to date has included medication, laboratory studies, pool therapy and lumbar fusion. On examination, the injured worker was noted to have tender paraspinal muscles of the lumbar spine, tenderness in the lumbar muscles of the lumbar spine and lumbar facet. On 02/17/2015 Utilization Review non-certified Lumbar Epidural Steroid Injection. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid 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 9792.20 & 9792.26 Page(s): 35.

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. Though the history does suggest radicular pathology, the physical exam shows only tenderness of the paraspinal muscles of the lumbar spine, tenderness in the lumbar muscles of the lumbar spine and lumbar facet. Additionally, the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. A lumbar epidural injection (in question here) is not medically substantiated.