

Case Number:	CM15-0036840		
Date Assigned:	03/05/2015	Date of Injury:	08/13/2014
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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: California

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 31-year-old male, who sustained a work related injury on 8/13/14. He slipped and fell injuring his mid to low back and right leg. The diagnoses have included thoracic and lumbar sprain, myofascial pain with facet syndrome and lumbar spine disc bulge. Treatments to date have included x-rays on 8/30/14, MRI lumbar spine on 10/22/14, medications, 6 sessions of physical therapy and 10 sessions of chiropractic care. In the PR-2 dated 11/13/14, the injured worker complains of low back pain. He complains of persistent stiffness and functional problems. He has tenderness to palpation over Para-lumbar musculature and facet joints. The request is for certification of a lumbar epidural steroid injection. On 2/17/15, Utilization Review non-certified a request for a lumbar epidural steroid injection L5-S1. The California MTUS, Chronic Pain 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 L5-S1: 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 ESI
Page(s): 47.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are no definitive objective examination findings supporting a diagnosis of radiculopathy. A progress note from 3/17/15 indicates the patient has normal motor, sensory, reflex examination, and the straight leg raise is negative for radicular pain. The provider further documents that only 5% of the pain is in the extremity as opposed to 95% in the axial lumbar spine. In the absence of objective findings to suggest radiculopathy, the currently requested lumbar epidural steroid injection is not medically necessary.