

Case Number:	CM15-0037687		
Date Assigned:	03/06/2015	Date of Injury:	09/27/2014
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/27/2015

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:

This 48 year old male sustained a work related injury on 09/27/2014. According to a progress report dated 01/28/2015, the injured worker's chief complaint was back pain. She complained of bilateral low back pain and discomfort. Symptoms from the previous visit were stable and unchanged. Physical examination demonstrated nonantalgic gait within normal limits, normal posture, no asymmetry, tenderness to palpation to low back, full range of motion, 5/5 motor strength in bilateral lower limbs, sensation within normal limits throughout bilateral limbs, reflexes physiologic 2+ throughout bilateral lower limbs and leg length discrepancy: equal. Diagnosis included lumbar radiculopathy. Treatment plan included a referral to pain management. Work restrictions included no lifting more than 10 pounds, alternate sitting and standing as needed and no lifting patients.

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 injection (ESIs) Page(s): 46.

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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for lumbar epidural steroid injection is not medically necessary.