

Case Number:	CM15-0040894		
Date Assigned:	03/11/2015	Date of Injury:	03/01/2012
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/04/2015

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 41 year old male who sustained an industrial injury on 03/01/2012. The injured worker fell 15 feet from a ladder and landed on his feet, face and left wrist. Her sustained blunt trauma to the left hand and both feet, fracture of the left wrist and blunt trauma to the face and head as well. He fractured his upper bridge and a lacerated his lip. Diagnoses include lumbar and cervical sprain and strain injury, and sprain of the wrist. Treatment to date has included surgery to the left wrist, medications, physical therapy, home exercise program, and psychological therapy. A physician progress note dated 12/18/201 documents the injured worker has persistent pain, and is followed by psyche, and a dentist. He uses a cane to ambulate. Current treatment pain is for EMG/NCV for both upper and lower extremities, continued psyche care, home exercises and Norco 10/325mg #60 was renewed. Treatment requested is for Lumbar Epidural Steroid Injection x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar Epidural Steroid Injection x 2 is not medically necessary.