

Case Number:	CM15-0042426		
Date Assigned:	03/12/2015	Date of Injury:	06/03/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/06/2015

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

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 an industrial injury on 06/03/2014. He has reported subsequent back pain and was diagnosed with lumbago, lumbar facet syndrome and left lumbar radiculopathy. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 01/20/2015, the injured worker complained of left lower back pain radiating to the left lower extremity. Objective findings of the lumbar spine were notable for restricted range of motion with pain. The physician noted that diagnostic lumbar facet blocks in the left low back were recommended. There is no medical documentation pertaining to the current treatment request for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient presents with lower back pain that radiates to the left lower extremity. The request is for lumbar epidural steroid injection at L5-S1 on 02/17/15 per the utilization review letter dated 02/24/15. RFA is not available. The work status is work with modified duty per 02/24/15 report. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." The treater lists radiculopathy as a diagnosis and the patient has low back pain with radiation into the left lower extremity. There is no discussion of prior epidural steroid injection on the provided reports. Lumbar MRI dated 10/27/14 showed L5-S1 with "mild diffuse leftward bulge with a mild annular tear in the left lateral foramen". There is association of some at least mild left foraminal stenosis well. The facet joints are moderately hypertrophic and degenerative." Per 01/20/15 report, physical examination shows negative straight leg raise and no altered sensation in both lower extremities. In the treatment plan section, the treater states, "I recommend that he have diagnostic lumbar facet blocks in the left low back probably at L4-5 and L5-S1." The treater does not discuss lumbar epidural steroid injection. Although the patient has radiating pain down the leg, MRI findings do not show a potential nerve root lesion and exam findings are negative for radiculopathy. The request IS NOT medically necessary.