

Case Number:	CM15-0050581		
Date Assigned:	03/24/2015	Date of Injury:	04/18/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/17/2015

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 year old male who sustained a work related injury on April 18, 2013, incurring lower back injuries. He was diagnosed with lumbar spondylosis, lumbar degenerative disc disease with a lumbar disc protrusion. Treatment included physical therapy, and medications. Currently, the injured worker complained of persistent low back pain that radiates down his right leg and right buttock area. The treatment plan that was requested for authorization included a 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 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Based on progress report dated 01/12/15, patient presents with lower back pain radiating to both legs. The request is for LUMBAR EPIDURAL STEROID INJECTION

L5-S1. Per RFA dated 12/23/15, patient's diagnosis is lumbar degenerative disk disease and lumbar spondylosis. Per treater report dated 01/12/15, the patient has completed physical therapy and is taking medications. The patient is not working, but may work light duty, per treater report dated 01/12/15. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections (ESIs) page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, MTUS states that the patient must be "Initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants.)" Treater has not provided reason for the request. The patient presents with lower back pain radiating to both legs. Physical examination to the lumbar spine on 01/12/15 revealed decreased range of motion especially on extension. Straight leg raise test positive on the RIGHT. No imaging studies were discussed in medical records. MTUS requires corroboration of findings with imaging studies that supports a diagnosis of radiculopathy, which was not provided. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.