

Case Number:	CM15-0050657		
Date Assigned:	03/24/2015	Date of Injury:	12/26/2007
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: Massachusetts

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 64 year old male, who sustained an industrial injury on 12/26/2007. The current diagnosis is lumbago. According to the radiological consultation report, the injured worker is being evaluated for back pain. The current medication list was not available. Treatment to date has included MRI of the lumbar spine and history of previous surgery. The plan of care includes lumbar epidural steroid injection L3-L5 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI L3-L5 x2: 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 Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in December 2007 and continues to be treated for low back pain. Treatments have included a lumbar spine fusion. An MRI of the lumbar spine with a clinical history of lumbago showed findings of spondylosis

without disc protrusion or bulging. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no identified neural compression or compromise by imaging that would corroborate a diagnosis of radiculopathy. Therefore, the requested lumbar epidural steroid injection is not medically necessary.