

Case Number:	CM15-0054321		
Date Assigned:	03/27/2015	Date of Injury:	11/24/2014
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/23/2015

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: Preventive Medicine, Occupational 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 45-year-old male, who sustained a work/ industrial injury on 11/24/14. He has reported initial symptoms of neck and back pain. The injured worker was diagnosed as having sprain/strain in neck and lumbar region, and disturbance skin sensation. Treatments to date included medication, physical therapy, and modified activity. Magnetic Resonance Imaging (MRI) was performed on 1/6/15. X-ray's were performed on 2/4/15. Currently, the injured worker complains of low back pain with numbness and tingling bilaterally in the feet and intermittent neck pain with numbness and tingling in the fingers. The treating physician's report (PR-2) from 2/4/15 indicated normal gait, straight posture, tenderness to palpation at the L5-S1 level, and increased pain with extension past neutral. Straight leg raise (SLR) is positive bilaterally at 90 degrees. Patellar and Achilles reflexes are symmetrical. The cervical region shows tenderness to palpation at C5-6 level posteriorly, positive Spurling with extension and rotation to the right. There were no motor or sensory deficits in his upper extremities; Hoffman's was negative and no extended clonus. Findings concluded lumbar degenerative disc disease and collapse at L5-S1, L5-S1 lumbar stenosis, and cervical degenerative disk disease and stenosis. Treatment plan included Lumbar Epidural Steroid Injection L5-S1.

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 Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. Lumbar Epidural Steroid Injection L5-S1 is not medically necessary.