

Case Number:	CM15-0057801		
Date Assigned:	04/02/2015	Date of Injury:	12/31/2013
Decision Date:	05/07/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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 46-year-old male who sustained a work related injury December 31, 2013. According to a primary treating physician's progress report, dated February 5, 2015, the injured worker presented for follow-up of his low back pain. He also complains of numbness and tingling into his toes with pain down his legs, left more than right, and episodes of groin pain. His medical doctor evaluated the groin pain and did not find a hernia (ultrasound negative for hernia positive for varicocele). Diagnostic impression included lumbosacral strain with L4-5 and L5-S1 disc protrusions and possible lumbosacral radiculopathy; possible lumbar facet syndrome, non-industrial hepatitis C; right leg fracture; headache. Treatment plan included request for authorization for lumbar epidural steroid injection L4-5 and L5-S1, continue home exercise program, and work with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-L5, L5-S1: Upheld

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

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 EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar Epidural Steroid Injection L4-L5, L5-S1 is not medically necessary.