

Case Number:	CM15-0058202		
Date Assigned:	04/02/2015	Date of Injury:	08/17/2013
Decision Date:	05/01/2015	UR Denial Date:	03/17/2015
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: California
 Certification(s)/Specialty: Emergency 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 38-year-old male who sustained an industrial injury on 08/17/13. Initial complaints include low back pain. Initial diagnoses included low back pain and lumbar strain. Treatments to date include medications and physical therapy. Diagnostic studies include a MRI of the lumbar and thoracic spine. Current complaints include low back pain. In a progress note dated 01/26/15 the treating provider reports the plan of care as Physical therapy, increase dosage of Zanaflex, nerve conduction testing, a urine toxicology screen, and possible a lumbar Epidural Steroid Injection (ESI). The requested treatment is an interlaminar lumbar ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The requested interlaminar lumbar epidural injection is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, The injured worker has low back pain. The treating physician has documented positive straight leg raising tests on exam. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, interlaminar lumbar epidural injection is not medically necessary.