

Case Number:	CM15-0058533		
Date Assigned:	04/01/2015	Date of Injury:	06/13/2014
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/27/2015

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 45 year old male who sustained an industrial injury on 6/13/14 and while unloading boxes he developed low back pain and buttock pain with radiation down his left leg. He continued working and reported the issue with his supervisor. He currently complains of low back pain and radicular left leg pain. Medications are cyclobenzaprine and Norco. Diagnoses are lumbago; lumbar disc displacement; lumbar spinal stenosis. Treatments to date include physical therapy, trigger point injections and medication. Diagnostics include x-ray of the lumbosacral spine (12/1/14) and results were normal; MRI lumbar spine (9/10/14) with L5-S1 disc herniation; sacroiliac joint injection (12/1/14) with one week relief of pain. In the progress note dated 1/13/15 the treating provider's plan of care indicates failed conservative treatment, failed trigger point injection and a request for an epidural steroid injection at L5-S1 noted after initial request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (lumbar) L5-S1 (sacroiliac): 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 Chronic Pain Treatment Guidelines Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support the epidural injections. Criteria for repeating the injection have not been met or established. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection with previous SI injection resulting in only 1 week relief. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. Although the provider reported improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without specific decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury. Criteria for the epidural have not been met or established. The Lumbar Epidural Steroid Injection (lumbar) L5-S1 (sacroiliac) is not medically necessary and appropriate.