

Case Number:	CM15-0060384		
Date Assigned:	04/06/2015	Date of Injury:	11/26/2013
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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 28 year old male, who sustained a work/industrial injury on 11/26/13. He has reported initial symptoms of low back pain. The injured worker was diagnosed as having low back pain with herniated nucleus proposes at L5-S1. Treatments to date included medications, physical therapy, diagnostics, extracorporeal shock wave therapy (ESWT), chiropractic care, and acupuncture. Currently, the injured worker complains of low back pain rated 7/10. The treating physician's report (PR-2) from 1/15/15 indicated there was a normal gait, mild bilateral lower lumbar paraspinal tenderness with limited range of motion. Treatment plan included Lumbar epidural steroid injection at 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 at 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 Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in November 2013 is being treated for low back pain. An MRI of the lumbar spine on 01/09/15 included findings of a right lateralized L5-S1 disc herniation. When seen, the claimant had back pain without radiating symptoms or paresthesias. There was a normal neurological examination with negative straight leg raising. Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy and therefore the requested epidural steroid injection was not medically necessary.