

Case Number:	CM15-0062261		
Date Assigned:	04/08/2015	Date of Injury:	10/30/2004
Decision Date:	05/07/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/01/2015

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 47-year-old male who sustained an industrial injury on 10/30/14. The mechanism of injury is unclear. He currently complains of low back pain radiating down both legs with numbness and tingling in bilateral lower extremities. He rates his pain 9/10. Medications are diazepam, hydrocodone-acetaminophen, diazepam gel, Voltaren gel, Vicodin. Diagnoses include low back pain; mild degenerative disease, lumbar spine; lumbar spondylolisthesis; lumbar spinal stenosis; lumbar radiculopathy. Diagnostics include x-ray of the lumbar spine (12/15/14) with abnormal findings; MRI lumbar spine (12/10/14) showing mild degenerative changes. In the progress note dated 3/11/15 the treating provider's plan of care include recommendation for pain medication evaluation and consideration of epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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-related injury in October 2014 and continues to be treated for low back and lower extremity pain. When seen, he was having bilateral lower extremity radicular symptoms, which had worsened. The treating provider documents a normal neurological examination. There are no reported positive neural tension signs. An MRI of the lumbar spine in December 2014 included findings of multilevel foraminal stenosis increased since a prior scan in October 2012. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no documented physical examination findings that support a diagnosis of radiculopathy. Therefore, the requested epidural steroid injection is not considered medically necessary.