

Case Number:	CM15-0081392		
Date Assigned:	05/04/2015	Date of Injury:	08/03/2009
Decision Date:	06/10/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/28/2015

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: Pennsylvania, Ohio, 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 58 year old male, who sustained an industrial injury on 08/03/2009. According to a progress report dated 02/28/2015, the injured worker was seen for low back pain. Pain radiated to the left lower extremity. The current regimen was adequately controlling symptoms. Oxycodone caused over sedation. His medication regimen included Oxycodone, Crestor and Ambien. Diagnosis included lumbar radiculopathy. Oxycodone was discontinued and the injured worker was started on Norco. He was currently waiting for approval for a spinal cord stimulator trial. On 03/23/2015, the provider requested authorization for an outpatient epidural. Currently under review is the request for an epidural steroid injection to L4-5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection to L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Additionally there is not sufficient documentation of objective functional improvement or pain reduction from prior ESI treatment to support an additional injection. For these multiple reasons, this request is not medically necessary.