

Case Number:	CM14-0126936		
Date Assigned:	08/13/2014	Date of Injury:	06/10/2002
Decision Date:	05/01/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 76 year old, male who sustained a work related injury on 6/10/02. The diagnoses have included low back pain, lumbosacral spondylosis with myelopathy, lumbar stenosis and lumbar disc displacement. Treatments have included MRI of lumbar spine on 6/17/14, chiropractic treatments and physical therapy. In the PR-2 dated 7/18/14, the injured worker complains of moderate low back pain. He states his back pain is getting worse. He describes the pain as deep and sharp. The pain is made worse by lifting, sitting and walking. The pain is relieved by rest and little activities. He rates the pain a 6/10. The physical exam findings include no evidence of nerve root impingement per documentation. The treatment plan is a request for an interlaminar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Interlaminar Lumbar Epidural Steroid Injection at the L5 - S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Epidural steroid injections (ESIs); Low Back Complaints.

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

Decision rationale: 1 Interlaminar Lumbar Epidural Steroid Injection at the L5 - S1 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The documentation does not indicate exam findings of radiculopathy requiring an epidural steroid injection at L5-S1. The request for 1 interlaminar lumbar epidural steroid injection at the L5 - S1 is not medically necessary.