

Case Number:	CM15-0100127		
Date Assigned:	06/02/2015	Date of Injury:	10/11/2013
Decision Date:	06/30/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/26/2015

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:

This is a 49 year old female with an October 11, 2013 date of injury. A progress note dated April 17, 2015 documents subjective findings (lower back pain that radiates to the right leg all the way down to the ankle), objective findings (tenderness over the lumbar spine with limitation of motion), and current diagnoses (lumbosacral sprain/strain with radiculopathy). Treatments to date have included electromyogram (findings suggestive of right L4-L5 radiculopathy), magnetic resonance imaging of the lumbar spine (essentially normal), and physical therapy. The treating physician documented a plan of care that included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar Lumbar Epidural Steroid Injection x 1: 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, p46 Page(s): 46.

Decision rationale: The claimant sustained a work injury with date of injury on 10/11/13. She continues to be treated for low back and right lower extremity pain. Testing has included a normal MRI of the lumbar spine. EMG/NCS testing was inconclusive for radiculopathy. When seen, there was lumbar spine tenderness with decreased range of motion. No neurological deficit was documented. Criteria for the use of an epidural steroid injection 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 physical examination findings that would support a diagnosis of lumbar radiculopathy. Testing has included a normal lumbar spine MRI and electrodiagnostic testing was inconclusive. The requested epidural steroid injection is not medically necessary.