

Case Number:	CM15-0010390		
Date Assigned:	01/27/2015	Date of Injury:	12/06/2013
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old male sustained an industrial injury on 12/6/13. He subsequently reports chronic low back pain. Diagnoses include lumbar strain, facet arthropathy (lumbar) and chronic pain syndrome. Prior treatments include physical therapy, injections and pain medications. A progress note on 1/2/15 indicated that prior lumbar facet injections did not provide relief. Exam findings were notable for reduced painful range of motion of the lumbar spine with reduced sensation in the L3-L4 dermatome. The physician requested a lumbar ESI of L4-L5 . The cpt code 72275 was non-certified on 1/13/15. The cpt code 72275 was denied based on CA MTUS/ ACOEM Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Midline L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. As in this case, other invasive procedures including lumbar facet injections did not provide lasting relief. The request, therefore, for a lumbar epidural steroid injections is not medically necessary.