

Case Number:	CM15-0010836		
Date Assigned:	01/28/2015	Date of Injury:	07/02/2009
Decision Date:	03/18/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/20/2015

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: California

Certification(s)/Specialty: Emergency 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 sustained an industrial injury on July 2, 2009. The mechanism of injury is unknown. The diagnoses have included displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, lumbar injections, medications, physical therapy, exercise and lumbar brace. Currently, the injured worker complains of low back pain and leg pain. The pain is described as sharp, dull, throbbing and stabbing. Range of motion was noted to be lumbar flexion 80 degrees with pain, extension 25 degrees, right lateral bending 30 degrees with pain, left lateral bending 30 degrees, right rotation 30 degrees and left rotation 30 degrees with pain. On January 14, 2015, Utilization Review non-certified a lumbar epidural steroid injection at L5-S1, noting the California Chronic Pain Medical Treatment Guidelines. On January 20, 2015, the injured worker submitted an application for Independent Medical Review for review of lumbar epidural steroid injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Epidural Steroid Injections Page(s): 46.

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

Decision rationale: The requested Lumbar Epidural Steroid Injection at L5-S1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are 1). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2). Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The injured worker has low back pain and leg pain. The treating physician has documented range of motion noted to be lumbar flexion 80 degrees with pain, extension 25 degrees, right lateral bending 30 degrees with pain, left lateral bending 30 degrees, right rotation 30 degrees and left rotation 30 degrees with pain, decreased left L5 sensation and positive left-sided straight leg raising tests. The treating physician has not documented diagnostic evidence of nerve root impingement at the requested spinal level. The criteria noted above not having been met, Lumbar Epidural Steroid Injection at L5-S1 is not medically necessary.