

Case Number:	CM15-0010927		
Date Assigned:	01/28/2015	Date of Injury:	09/25/2014
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 is a 35 year old male, who sustained an industrial injury on 9/25/2014. The diagnoses have included lumbar sprain/strain and muscle spasm in back. Treatment to date has included chiropractic care, acupuncture and medications. Magnetic resonance imaging (MRI) of the lumbar spine from 11/13/2014 revealed at L5-S1 a left posterolateral disc annular tear with 3mm disc bulge results in mild narrowing of the left neural foramen and minimal narrowing on the left lateral recess. Per the physician evaluation dated 11/6/2014, the injured worker complained of low back pain. His range of motion was greatly improved. His pain was localized to the left lumbosacral region with some radiation to the left buttock. There was no leg involvement. Physical exam revealed normal gait and posture. According to the physician's letter dated 1/6/2015, the injured worker was working full-time, regular duty. He continued to complain of lower back ache over the left lumbosacral region. He did not have any lower extremity sciatica symptoms. A lumbar epidural steroid injection (ESI) was recommended. On 1/14/2015, Utilization Review (UR) non-certified a request for L5S1 Lumbar Epidural Steroid Injection (ESI) times three, noting guidelines do not allow for a series of epidurals. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) L5-S1 Lumbar Epidural Steroid Injection x3: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI. There is no long term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Fails criteria. 3) Radiculopathy as defined by MTUS guidelines. Documentation fails to document appropriate neurological findings supported by imaging and electrodiagnostic criteria for radiculopathy. Exam fails to document findings consistent with radiculopathy as defined by MTUS guidelines. Fails criteria. 4) "Series of 3" injections is not recommended. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.