

Case Number:	CM15-0011361		
Date Assigned:	01/30/2015	Date of Injury:	06/13/2014
Decision Date:	03/19/2015	UR Denial Date:	12/18/2014
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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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:

This 24 year old man sustained an industrial, injury on 6/13/2014. The mechanism of injury is not detailed. Current diagnoses include right sacroiliac joint dysfunction, lumbosacral strain, rule out right lumbosacral radiculopathy in a view of pain down the right posterior thigh with decreased sensation and possible lumbar facet syndrome. Treatment included oral medication, physical therapy and home exercise program. Physician notes were reviewed dated between 7/17/2014 and 9/19/2014. Each note shows complaints of low back pain with radiation to buttock and thigh. The worker is taking little to no medications at each visit. There is a list of restrictions at each visit, and it seems the worker is still able to work and participate in activities of daily living. On 12/18/2014, Utilization Review evaluated a prescription for lumbar epidural steroid injection, that was submitted on 1/1/2015. The UR physician noted radiculopathy was not supported by the provided imaging and /or electro-diagnostic studies. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. The X-ray of the lumbar spine dated July 28, 2014 documented no unusual findings. The MRI of the lumbar spine dated August 26, 2014 documented no significant pathology. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Lumbar Epidural Steroid Injections is not medically necessary.