

Case Number:	CM15-0013587		
Date Assigned:	02/02/2015	Date of Injury:	07/01/2009
Decision Date:	03/27/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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 York, West Virginia, Pennsylvania
 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 45 year old male, who sustained an industrial injury on July 1, 2009. The diagnoses have included lumbar radiculitis, lumbar facet arthropathy, lumbar degenerative disc disease, lumbar myofascial pain syndrome and failed back surgery syndrome lumbar status post L3-S1 Posterior Lumbar Interbody Fusion. Treatment to date has included Non-steroidal anti-inflammatory drug. Currently, the injured worker complains of lower back pain, bilateral lower extremity left greater than the right associated with left lower extremity numbness, increased pain with bending and twisting. In a progress note dated December 9, 2014, the treating provider reports tenderness is overlying the lumbar paravertebral muscles, tenderness overlying the posterior superior iliac spine, positive straight leg lift, and decreased range of motion, positive facet loading sign, and positive tenderness overlying the lumbar facets. On December 23, 2014 Utilization Review non-certified a lumbar epidural steroid injection L5-S1 quantity 1, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1 QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI). Decision based on Non-MTUS Citation Official Disability

Guidelines, 5th edition, 2007 or current year for Low Back-Lumbar & Thoracic (Acute & Chronic), See Epidural steroid injections (ESIs) therapeutic.

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

Decision rationale: Epidural steroid injection is an option for treatment of radicular pain but does not offer significant long term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, clinical information does not document corroboration of radiculopathy by imaging studies. Also, the clinical information does not document a functional benefit of at least 50-70% pain relief for at least 6-8 weeks. For these reasons, epidural steroid injection is not medically necessary and appropriate treatment for this patient.