

Case Number:	CM15-0016033		
Date Assigned:	02/04/2015	Date of Injury:	01/08/2014
Decision Date:	03/20/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/28/2015

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
 Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 1/8/14 resulting in back and thoracic spine injury. He currently complains of low back and right lower extremity pain with numbness and tingling into his heel. Medications include Mobic and Flexaril. Diagnoses include lumbar disc displacement; lumbar radiculopathy; lumbar sprain/ strain and thoracic sprain/ strain. Treatments included physical therapy, acupuncture which did not help and medications. Recent MRI demonstrated lumbosacral disc injury as well as thoracic disc injury. In addition he has had electromyography and nerve conduction study demonstrates a right S1 lumbosacral radiculopathy. Progress note dated 1/8/145 recommended epidural steroid injection based on ongoing pain and above mentioned MRI findings and electromyography/ nerve conduction results. On 1/17/15 Utilization Review non-certified the request for lumbar epidural steroid injection citing MTUS: Chronic Pain Medical Treatment Guidelines: Epidural Steroid Injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The review has indicated that the claimant has radiculopathy on the basis of her subjective findings MRI findings and EMG/NCV studies (R S1 radiculopathy). Per California MTUS 2009 Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain. The claimant has undergone conservative treatment modalities and continues with low back pain with associated radiculopathy. The Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. Medical necessity for the requested lumbar steroid injection has been established. The requested treatment is medically necessary.