

Case Number:	CM15-0110850		
Date Assigned:	06/17/2015	Date of Injury:	08/30/2010
Decision Date:	07/16/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/09/2015

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, Alabama, 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 29 year old man sustained an industrial injury on 8/30/2010. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 7/23/2014. Diagnoses include chronic lumbar radiculitis. Treatment has included oral medications and lumbar facet blocks. Physician notes dated 4/15/2015 show complaints of persistent low back and bilateral leg pain. Recommendations include repeat lumbar epidural steroid injections bilaterally or possibly with a caudal approach, possible future neurostimulator, Lyrica, Oxycodone, and follow up after injections are authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine, bilateral L5 epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar spine, bilateral L5 epidural steroid injection is not medically necessary.