

Case Number:	CM15-0112896		
Date Assigned:	06/19/2015	Date of Injury:	09/13/2013
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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:

The injured worker is a 53-year-old male, who sustained an industrial injury on 9/13/2013. Diagnoses include degeneration of lumbar intervertebral disc, bursitis of shoulder and chronic pain. Treatment to date has included physical therapy (3 months, approximately 12 sessions), home exercise and medications including Aleve and Voltaren gel. Magnetic resonance imaging (MRI) of the lumbar spine dated 11/10/2013 showed multilevel degenerative disc disease and early facet degeneration. Per the Primary Treating Physician's Progress Report dated 4/14/2015, the injured worker reported Physical examination of the lumbar spine revealed tenderness over the paraspinal muscles overlying the facet joints on both sides. There were no palpable trigger points or spasm. The plan of care included cognitive behavioral therapy, physical therapy and a lumbar epidural steroid injection. Authorization was requested for lumbar epidural steroid injection (L2-3).

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L2-3: Upheld

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

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 including MRI or EMG/NCV findings. An MTUS guideline does not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar ESI at L2-3 is not medically necessary.