

Case Number:	CM15-0114583		
Date Assigned:	06/22/2015	Date of Injury:	10/25/2011
Decision Date:	07/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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 59 year old male, who sustained an industrial injury on 10/25/2011. He has reported injury to the low back. The diagnoses have included lumbago; lumbar sprain/strain; lumbar degenerative disc disease; lumbar radiculopathy, right greater than left leg. Treatment to date has included medications, diagnostics, ice/cold pack, physical therapy, and chiropractic therapy. Medications have included Naproxen, Flexeril, and Ultracet. A progress note from the treating physician, dated 04/16/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intermediate pain in the lumbar spine radiating to the bilateral legs, more on the right leg; he has trouble sleeping through the night due to severe pain in the right leg; and he has numbness in the bilateral legs. Objective findings included lumbar spine range of motion decreased in all directions with pain; positive triggers to the lumbar spine; heel-toe walking is difficult; positive straight leg raising test; and radiculopathy to the right gluteus and right groin. The treatment plan has included the request for epidural steroid injection with facet injection at L3-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection with facet injection at L3-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back Chapter.

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. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Epidural steroid injection with facet injection at L3-5 is not medically necessary.