

Case Number:	CM15-0116313		
Date Assigned:	06/24/2015	Date of Injury:	11/24/2014
Decision Date:	08/19/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male patient who sustained an industrial injury on 11/24/2014. The accident was described as while working regular duty as a maintenance technician he encountered cumulative trauma over the course of employment with resulting injury. The following diagnoses were applied: lumbar strain; herniated lumbar disc L1-2 with disc protrusion at L4-5; back spasm, and lumbar radiculopathy. The plan of care noted transferring the patient from pain management. He remains on a modified work duty. A primary treating office visit dated 04/27/2015 reported subjective complaint of with mid back pain reduced by 25% with the start of therapy session. The following diagnoses were applied: thoracic sprain and strain, and displacement lumbar disc without myelopathy. There is recommendation to receive an epidural steroid injection, interferential unit and remain on a modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided lumbar spine epidural steroid injection at L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in November 2014 and continues to be treated for radiating back pain. When seen, pain was radiating into the left lower extremity. Physical examination findings included decreased and painful lumbar spine range of motion and positive left straight leg raising. There was decreased left lower extremity strength. An MRI of the lumbar spine included findings of multilevel disc herniations with bilateral foraminal compromise. EMG/NCS testing was consistent with a diagnosis of left L4 radiculopathy. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased lower extremity strength and sensation with positive straight leg raising and imaging and electrodiagnostic testing is reported as showing findings consistent with radiculopathy. The requested epidural steroid injection was medically necessary.