

Case Number:	CM15-0116893		
Date Assigned:	06/25/2015	Date of Injury:	07/31/2014
Decision Date:	08/05/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female, who sustained an industrial injury on July 31, 2014. The injured worker was diagnosed as having lumbar disc protrusion, strain/sprain, myospasm and radiculopathy. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included oral and topical medication. A progress note dated April 20, 2015 provides the injured worker complains of back pain radiating to the legs. Physical exam notes lumbar tenderness on palpation. The plan includes oral and topical medication, lab work and injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI), Right L4-L5, L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
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Decision rationale: This claimant was injured over a year ago with reported lumbar disc protrusion, strain/sprain, myospasm and radiculopathy. Many documents were not legible. Treatment to date has included oral and topical medication. As of April 2015, the injured worker continued to complain of back pain radiating to the legs. Physical exam noted lumbar tenderness on palpation. The request was lumbar ESI. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. The request is not medically necessary based on the above.