

Case Number:	CM15-0118370		
Date Assigned:	06/26/2015	Date of Injury:	10/08/2014
Decision Date:	07/27/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/18/2015

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 38 year old male with an industrial injury dated 10/08/2014. The injured worker's diagnoses include L5-S1 disc protrusion/annular tear resulting in persistent back pain with combination of discogenic and myofascial low back pain. Treatment consisted of MRI of the lumbosacral spine, prescribed medications, and periodic follow up visits. In a progress note dated 05/05/2015, the injured worker reported persistent low back pain with tightness in posterior thighs. The injured worker rated pain range from 4-9/10 and with a current rate of 6/10. Objective findings revealed tenderness to palpitation along the bilateral lumbar paraspinal muscles, ileolumbar and sacroiliac regions. The treating physician prescribed services for lumbar epidural injection L5-S1 fluoroscopic now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection L5-S1 fluoroscopic guidance: Upheld

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

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 October 2014 and continues to be treated for persistent low back pain. When seen, he was not having radiating symptoms. Pain was rated at 4-9/10. Treatments had included physical therapy and medications. An MRI of the lumbar spine included findings of a disc protrusion without neural impingement. There was decreased lumbar spine range of motion and paraspinal muscle tenderness. There was a normal neurological examination with negative straight leg raising. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. In this case, the claimant's provider documents a normal neurological examination and the claimant is not having radicular symptoms. There was no neural compromise by MRI scan. The requested epidural steroid injection is not medically necessary.