

Case Number:	CM15-0119443		
Date Assigned:	06/29/2015	Date of Injury:	09/08/2014
Decision Date:	07/29/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This is a 30 year old male with a September 8, 2014 date of injury. A progress note dated April 23, 2015 documents subjective complaints (lower back pain rated at a level of 8-9/10; pain and numbness in the lateral thighs and calves all the way to the feet bilaterally, right side more than left; right calf numbness at times; pain radiates to mid back), objective findings (lumbar spine range of motion moderately restricted in all planes; positive straight leg raise test on the right), and current diagnoses (lumbar strain; sciatica; lumbar spine disc protrusion with moderate central canal stenosis). Treatments to date have included physical therapy that helped temporarily by relaxing the injured worker without any overall significant difference, magnetic resonance imaging of the lumbar spine (January 13, 2015; showed a two millimeter disc bulge in combination with mild facet hypertrophy at L4-5, mild to moderate canal stenosis at L3-4 from a disc bulge, and mild disc bulge that mildly narrows the neural foramina at L5-S1), chiropractic treatments that offered no benefit, and medications. The treating physician documented a plan of care that included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection at right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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-related injury in September 2014 and continues to be treated for radiating low back pain. When seen, there had been no improvement after physical therapy. Pain was rated at 8-9/10. There was back pain with straight leg raising and a normal lower extremity neurological examination is documented. An MRI of the lumbar spine had shown an L4-5 disc protrusion with moderate lumbar spinal stenosis. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, when seen by the requesting provider, there were no reported physical examination findings that would support a diagnosis of lumbar radiculopathy and the requested epidural steroid injection is not medically necessary.