

Case Number:	CM15-0122253		
Date Assigned:	07/06/2015	Date of Injury:	04/27/2015
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male who sustained an industrial injury on 04/27/15. Initial complaints and diagnoses are not available. Treatments to date include chiropractic treatments and an epidural steroid injection. Diagnostic studies include a MRI of the lumbar spine. Current complaints include low back pain. Current diagnoses include lumbar spine sprain/strain with radicular complaints, disc protrusion at L5-S1, and left foot drop. In a progress note dated 05/28/15 the treating provider reports the plan of care as acupuncture and medications. The requested treatment includes acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Chapter, Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: Review indicates the patient was afforded a previous epidural steroid injection from a provider; however, the details of the level performed or the functional benefit, if any, are not documented. There is correlating MRI report with possible impingement and clinical findings noted. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) which has been adequately demonstrated and evident from the submitted report; however, there submitted reports have not documented failed conservative trial of modified restrictions, medications, or therapy to support for repeating this LESI without identified significant pain relief of 50% last 8 weeks with functional improvement specified. The Lumbar Epidural Steroid Injection L5-S1 is not medically necessary and appropriate.