

Case Number:	CM15-0122916		
Date Assigned:	07/07/2015	Date of Injury:	01/08/2013
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 57 year old male who sustained an industrial injury on 1/8/13. Diagnosis is discogenic syndrome-lumbar. In a progress report dated 6/1/15, a treating physician notes subjective complaint of lower back pain. MRI's on 10/9/12 and 6/4/13 are noted as abnormal. He has muscle spasm and decreased range of motion. Current medication is Norco 5/325 mg. Work status is total temporary disability. Previous treatment is not noted. The lumbar MRI 5/19/15 notes the impression at the L1-L2 level, disc bulge eccentric to the right, moderate right and no left neuroforaminal narrowing, and no spinal canal narrowing. At the L2-L3 level, left foraminal disc protrusion, no right and moderate left neuroforaminal narrowing, no spinal canal narrowing. At the L5-S1 level, there is a central disc protrusion, moderate right and left neuroforaminal narrowing, and no spinal canal narrowing. The provided progress notes for months is poor and medically inappropriate. Provider has decided to provide single sentence and occasionally single word history physicals and assessments for months. The clinical history is noted as lower back pain radiating down the legs. The medical information provided is dangerously non-existent with no medication list, no prior treatments and no documentation of any assessment or plan that was meaningful. Utilization review claims that a progress note dated 8/16/13 had stated a prior ESI was non-therapeutic but this document was not available for my review. The treatment requested is 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:

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. Progress notes provided by treating physician is poor to the point of non-existent. Single sentence and single word histories and physicals with minimal to no assessment and plans are medically inappropriate. The lack of any medical information with the incomplete request for an epidural steroid injection with no levels to be injected or rationale or justification for requested procedure is medically inappropriate and unnecessary.