

Case Number:	CM15-0125087		
Date Assigned:	07/09/2015	Date of Injury:	07/07/2014
Decision Date:	08/05/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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 40 year old male, who sustained an industrial injury on 7/7/2014. The mechanism of injury was a 3500 pound frame falling on him. The injured worker was diagnosed as having lumbar disc disease, facet arthropathy and lumbosacral annular tear. Lumbar magnetic resonance imaging showed multilevel disc broad based bulging. Treatment to date has included epidural steroid injection, physical therapy and medication management. In a progress note dated 6/4/2015, the injured worker complains of low back injury with associated pain. Physical examination showed lumbar tenderness. The treating physician is requesting lumbar epidural steroid injection at the right lumbar 4-5 and lumbar 5-sacral 1 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at the right L4-L5 and L5-S1 under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: This claimant was injured over a year ago when a 3500 pound frame fell on him. The diagnoses were lumbar disc disease, facet arthropathy and lumbosacral annular tear. Lumbar magnetic resonance imaging showed multilevel disc broad based bulging. Treatment to date was past epidural steroid injection, physical therapy and medication management. As of June 2015, there is continued pain. Outcomes of the past ESI are not noted. No radicular neurologic signs or symptoms are reported. 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. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request is not medically necessary based on the above.