

Case Number:	CM15-0125309		
Date Assigned:	07/09/2015	Date of Injury:	09/21/2011
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 53-year-old female, who sustained an industrial injury on 9/21/2011. She reported injury to the neck, right shoulder, mid and low back when a rack of clothes fell onto her. Diagnoses include lumbar spine sprain/strain with radicular complaints and MRI evidence of lumbar disc bulge at L5-S1 and L4-L5 levels. Treatments to date include medication therapy and physical therapy and shockwave treatment. Currently, she complained of low back pain with radiation to bilateral legs and bilateral hips. On 5/28/15, the physical examination documented lumbar tenderness with muscle spasms and restricted range of motion secondary to pain. There was decreased sensation and decreased strength noted in the right lower extremity. The plan of care included lumbar steroid epidural injection at level L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Epidural Steroidal Injection at L5-S1 (sacroiliac): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroidal Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit, however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Bilateral Lumbar Epidural Steroidal Injection at L5-S1 is not medically necessary.