

Case Number:	CM15-0129022		
Date Assigned:	07/15/2015	Date of Injury:	06/24/2013
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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 39 year old female, who sustained an industrial injury on June 24, 2013. She reported right shoulder and low back pain with bilateral leg pain and numbness. Treatment to date has included MRI, physical therapy, acupuncture and epidural steroid injections. Currently, the injured worker complains of right shoulder, low back and bilateral leg pain and numbness. The injured worker is diagnosed with lumbar disc herniation L5-S1, cervical sprain/strain, lumbar sprain/strain and right shoulder impingement. Her work status is temporary total disability. A note dated 5/12/15 states there is tenderness to palpation in the lumbar region with decreased range of motion noted. The right shoulder has a positive impingement test. The MRI revealed L4-L5 and L5-S1 disc bulge. A lumbar epidural steroid injection L5-S1 is requested to help alleviate the injured workers pain.

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 spine: Upheld

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

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. Furthermore, the patient's file does not document that the patient is candidate for surgery. There is no documentation that the patient has a sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medications use. Furthermore, there are no imaging studies that corroborate the findings of radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Lumbar epidural steroid injection L5-S1 is not medically necessary.