

Case Number:	CM15-0129078		
Date Assigned:	07/15/2015	Date of Injury:	12/23/2014
Decision Date:	08/17/2015	UR Denial Date:	06/05/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 male, who sustained an industrial injury on 12/23/2014. He has reported injury to the low back. The diagnoses have included low back pain; lumbosacral sprain; lumbosacral spondylosis without myelopathy; and umbilical hernia. Treatment to date has included medications, diagnostics, rest, activity modification, and chiropractic therapy. Medications have included Nabumetone, Cyclobenzaprine, and Rabeprazole. A progress note from the treating physician, dated 05/18/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the lower back; the pain is intermittent and described as aching, pins and needles, and throbbing; at its worse, the pain is rated at 4/10 on the pain scale, and on an average about 3/10; the pain is made worse by twisting, turning, bending, increased activity, cold weather, going upstairs, increased activity, and movement; and the pain gets better by resting. Objective findings included normal gait; tenderness is noted in the right and left lumbar parvertebral regions at the L4-L5 and L5-S1 levels; tenderness is present in the bilateral sacroiliac joints; lumbar spine range of motion is restricted; and straight leg raising test is positive at the left side. The treatment plan has included the request for translaminar epidural steroid injection at L4-L5 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Translaminar epidural steroid injection at L4-L5 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or two transforaminal levels, should be injected at one session. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.