

Case Number:	CM15-0132742		
Date Assigned:	07/20/2015	Date of Injury:	07/14/1995
Decision Date:	12/03/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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 07-14-15. A review of the medical records reveals the injured worker is undergoing treatment for lumbosacral-thoracic radiculitis. Medical records (04-01-15) reveal the injured worker reports the lumbar spine is "better." Symptoms are rated but the notes are handwritten and difficult to decipher. The physical exam (04-01-15) reveals an examination of the lumbar spine, but the notes are handwritten and difficult to decipher. There are no reports or discussion of electrodiagnostic studies or MRI studies. Prior treatment includes home therapy, unspecified medications, and an unspecified injection that was reported to help (notes from 02-18-15). The original utilization review (06-29-15) non certified the request for a lumbar spine epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Epidural steroid injection to the lumbar spine, level not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The requested One (1) Epidural steroid injection to the lumbar spine, level not specified, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), "recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials." The injured worker is undergoing treatment for lumbosacral-thoracic radiculitis. Medical records (04-01-15) reveal the injured worker reports the lumbar spine is "better." Symptoms are rated but the notes are handwritten and difficult to decipher. The physical exam (04-01-15) reveals an examination of the lumbar spine, but the notes are handwritten and difficult to decipher. There are no reports or discussion of electrodiagnostic studies or MRI studies. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, One (1) Epidural steroid injection to the lumbar spine, level not specified is not medically necessary.