

Case Number:	CM15-0178363		
Date Assigned:	09/18/2015	Date of Injury:	08/12/2010
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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:

This 35 year old male sustained an industrial injury on 8-12-10. The injured worker is being treated for low back pain. Treatments to date include MRI testing, surgery and prescription medications including Norco and anti-inflammatories. The injured worker has continued complaints of low back pain. An x-ray was performed on 3-14-14 to view lumbar hardware placement. The pain has affected the injured worker's activity level. Upon examination, lumbar range of motion was limited. A request for Lumbar epidural steroid injection for left L4-5 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection for left L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The claimant was injured in 2010 with low back pain. An x-ray was performed on 3-14-14 to view lumbar hardware placement. The pain has affected the injured worker's activity level. Upon examination, lumbar range of motion was limited. Dermatomal signs and symptoms corresponding with MRI disc herniation are not noted. The MTUS recommends epidural steroid injection as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). According to guidelines radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, guideline criterion has not been met. Therefore, the request is not medically necessary.