

Case Number:	CM15-0045717		
Date Assigned:	03/18/2015	Date of Injury:	02/24/2014
Decision Date:	05/29/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51 year old male who sustained an industrial injury on 02/24/14. Treatments to date include medications, home exercise program, acupuncture and physical therapy. The EMG /NCV diagnostic studies dated 12/8/2014 showed right L5, S1 and left L4, L5, S1 radiculopathy. Current complaints include low back pain and left leg numbness. Current diagnoses include lumbar spine strain/sprain with radicular complaints and multiple disc protrusions. On 2/5/2014, there was subjective complaint of low back pain radiating to the lower extremities associated with numbness. There was objective findings of tenderness and decreased range of motion of the lumbar spine, bilateral leg weakness and decreased sensation along the L5-S1 dermatomes. In a progress note dated 02/05/15 the treating provider reports the plan of care as a lumbar epidural steroid injection. The requested treatment is a lumbar epidural steroid injection. The medications listed are ketoprofen and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections at L5-S1 spine as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM,

[https://www.acoempracguides.org/Low Back](https://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that lumbar epidural steroid injections can be utilized for the treatment of severe lumbar radiculopathy when conservative treatments with medications and PT have failed. The records show subjective, objective, EMG/NCV and radiological findings consistent with the diagnosis of lumbar radiculopathy. The patient completed conservative treatments with medications and PT. The criteria for L5-S1 lumbar epidural steroid injection as outpatient was met. The request is medically necessary.