

Case Number:	CM15-0061566		
Date Assigned:	04/07/2015	Date of Injury:	04/30/2004
Decision Date:	06/26/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 38-year-old man sustained an industrial injury on 4/30/2004. The mechanism of injury is not detailed. Diagnoses include cervical and lumbar spine strain. Treatment has included oral medications, activity modifications, and use of lumbar spine brace. Physician notes dated 10/28/2014 show complaints of lumbar spine pain. Recommendations include Tramadol and weaning from wearing the lumbar spine brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

First bilateral transforaminal lumbar epidural steroid injection under fluoroscopy guidance at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESIs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in April 2004 and continues to be treated for neck and low back pain. Then seen in December 2014, an MRI of the lumbar spine

had been negative for specific nerve impingement. There was decreased cervical and lumbar spine range of motion with tenderness and a normal neurological examination. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electro diagnostic testing. In this case, when seen by the requesting provider, there were no reported symptoms or physical examination findings that would support a diagnosis of lumbar radiculopathy. Imaging is reported as negative for neural compromise. Therefore, the requested epidural steroid injection was not medically necessary.