

Case Number:	CM15-0066345		
Date Assigned:	04/14/2015	Date of Injury:	07/03/2013
Decision Date:	05/13/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male who sustained an industrial injury on July 3, 2013. He has reported low back pain and has been diagnosed with low back strain and lumbar spondylosis/stenosis/facet arthritis. Treatment has included medications, home exercise, and physical therapy. Currently the injured worker complains of pain in the lower back and right foot with radiation to the right leg as well as right elbow. On exam there is a positive straight leg raise test on the right in the seated position to 50 degrees. The treatment request included a lumbar epidural steroid injection at L4-5 under direct fluoroscopic guidance. There is a broad based central/left paracentral disc protrusion with an annular tear at L5-S1 measuring 2 mm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-L5 under direct fluoroscopic guidance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Lumbar Epidural Steroid Injection at L4-L5 under direct fluoroscopic guidance is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not reveal clear radiculopathy documented on physical exam that would necessitate an L4-L5 lumbar epidural steroid injection. Therefore, the request for lumbar epidural steroid injection at L4-L5 under direct fluoroscopic guidance is not medically necessary.