

Case Number:	CM15-0073538		
Date Assigned:	04/23/2015	Date of Injury:	04/07/2014
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/17/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 57-year-old male, who sustained an industrial injury on 4/7/14. The injured worker has complaints of back pain and discomfort. The diagnoses have included lumbar radiculitis and low back pain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine; lumbar epidural steroid injection; physical therapy and medications. The request was for epidural steroid injection, lumbar L4-L5, L5-S1 (sacroiliac).

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections, Lumbar L4-L5, L5-S1 (sacroiliac): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. The patient's last ESI was performed in

February 2 2015, yet the patient still complain of back pain and no clear documentation of improvement. In addition, there is no clear evidence from the physical examination of radiculopathy. There is no EMG study documenting radiculopathy. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. There is no documentation of efficacy of previous epidural injections. Therefore, Epidural Steroid Injections, Lumbar L4-L5, L5-S1 (sacroiliac) is not medically necessary.