

Case Number:	CM15-0074534		
Date Assigned:	04/24/2015	Date of Injury:	03/03/2003
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/20/2015

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 56 year old male who sustained an industrial injury on 3/3/03. He has reported initial complaints of low back pain after carrying work boxes down from an overhead storage. The diagnoses have included lumbar disc protrusion, lumbar disc disease and lumbar radiculopathy. Treatment to date has included medications, previous lumbar epidural steroid injections (ESI), acupuncture, chiropractic, heat/ice, massage, rest and transcutaneous electrical nerve stimulation (TENS). The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Ibuprofen, Xanax, Percocet, and Soma. Currently, as per the physician progress note dated 2/26/15, the injured worker complains of pain in the lower back described as aching, squeezing and pressure- like that radiates to right low back. The pain was rated 6/10 on pain scale. Physical exam of the lumbar spine revealed positive Patrick's test on the right, decreased range of motion with pain, straight leg raise was positive on the right, and sensory exam was diminished on the right. Treatment was for physical therapy for range of motion, strengthening, core stability and flexibility. The physician requested treatment included 1 Lumbar (low back) epidural steroid injection at L4-5 x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar (low back) epidural steroid injection at L4-5 x 1: 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 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. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, although the patient has recent clinical and objective documentation of radiculopathy, there is no documentation of the efficacy of previous use of ESI. Therefore, 1 Lumbar (low back) epidural steroid injection at L4-5 x 1 is not medically necessary.