

Case Number:	CM15-0078827		
Date Assigned:	04/30/2015	Date of Injury:	09/11/1999
Decision Date:	05/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/24/2015

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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 47 year old male, who sustained an industrial injury on 9/11/1999. Diagnoses include lumbar disc disease, facet joint syndrome lumbar spine and lumbar spine radiculopathy. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and medications. Per the Physician's Progress Report dated 2/17/2015 the injured worker reported pain rated as 8/10 and unchanged. The pain is described as sharp, burning, pins and needles and numbness and tingling. Physical examination of the lumbar spine revealed decreased range of motion in flexion and extension. Straight leg raise was positive 40 degrees in the left lower extremity. The plan of care included, and authorization was requested for a left L3-4 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at left L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections Page(s): 46.

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

Decision rationale: The patient is a 47 year old male with an injury on 09/11/1999. He had chronic low back pain. MTUS, chronic pain guidelines note that epidural steroid injections do not affect impairment of function or the need for surgery. They do not provide long term pain relief. They can provide short term pain relief to be used in conjunction with a home exercise program and with other rehabilitation efforts in an effort to increase patient activity at the start of an injury. The requested epidural steroid injection is not medically necessary for this patient.