

Case Number:	CM15-0091414		
Date Assigned:	05/15/2015	Date of Injury:	09/15/2014
Decision Date:	06/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/12/2015

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 49-year-old male, who sustained an industrial injury on 9/15/2014. He reported feeling "the back crack" and burning sensations to the upper and lower back with lifting activity, subsequently developing severe back pain the following day. Diagnoses include annular tear at L4-5, cervical sprain, lumbar herniation at L3-4 with annular tear, lumbosacral sprain, cervical disc herniation C4-5 and thoracic sprain. Treatments to date include anti-inflammatory, muscle relaxant, hot packs, physical therapy, chiropractic therapy, and acupuncture treatments. Currently, he complained of low back pain with radiation to bilateral lower extremities associated with numbness to both thighs. On 4/27/15, the physical examination documented decreased lumbar range of motion and sitting straight leg raise causes low back pain bilaterally. Motor exam is 5/5 in the bilateral lower extremities. L1-S1 sensory testing is normal. Knee and ankle jerks are normal. The plan of care included epidural steroid injection to L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Epidural Steroid Injection: Upheld

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

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

Decision rationale: L3-4 epidural steroid injection 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 evidence of radiculopathy on physical exam in the proposed site of the epidural steroid injection or objective lumbar imaging reports. The request for L3-4 epidural steroid injection is not medically necessary.