MAXIMUS Federal Services

Case Number:	CM15-0091577		
Date Assigned:	05/15/2015	Date of Injury:	05/31/2014
Decision Date:	06/17/2015	UR Denial Date:	05/04/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 5/31/2014. He reported injury while exiting a portable toilet. The injured worker was diagnosed as having low back pain, muscle spasm and lumbar disc degeneration. Lumbar magnetic resonance imaging showed degenerative disc disease. Treatment to date has included physical therapy and medication management. In a progress note dated 4/10/2015, the injured worker complains of low back pain rated 8/10. The treating physician is requesting lumbar epidural steroid injection with translaminar fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection translaminar with fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: AME report of 2/12/15 noted patient without radicular lumbar pain with exam findings of global diminished sensation and motor strength. It was noted the patient was fearful of needles and has deferred from pain procedures. There was no recommendation for LESI. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions; however, without any specific correlating motor or sensory deficits or radicular signs. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. It has been noted the patient is making overall improvement with physical therapy. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Lumbar epidural injection translaminar with fluoroscopy is not medically necessary or appropriate.