

Case Number:	CM15-0094037		
Date Assigned:	05/20/2015	Date of Injury:	03/15/2010
Decision Date:	09/11/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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 43-year-old male, who sustained an industrial injury on 3-15-10. He has reported initial complaints of a low back injury. The diagnoses have included lumbar disc herniation. Treatment to date has included medications, diagnostics, activity modifications, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 4-10-15, the injured worker complains of low back pain that radiates to the right leg to the great toe with numbness in the heel. There is no previous diagnostic reports noted in the records. There is no previous therapy sessions noted. The objective findings-physical exam reveals that the lumbar exam shows positive right straight leg raise at 30 degrees, decreased deep tendon reflexes right Achilles and sensory is decreased in the right L4-S1. Work status is off work until 4-16-15 and return to modified work with restrictions on 4-17-15. The physician requested treatment included 1 lumbar epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for lumbar epidural steroid injection at L4-L5 is not medically necessary.