

Case Number:	CM14-0000015		
Date Assigned:	05/07/2014	Date of Injury:	02/22/2011
Decision Date:	07/09/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51 year old female who reported an injury on 02/22/2011. The injured worker's treatment history included physical therapy, multiple medications, medial branch blocks, and a lumbar spine rhizotomy. The injured worker was evaluated on 12/16/2013. It was documented that the injured worker complained of low back pain rated at 4/10 that radiated in the bilateral lower extremities. Physical findings included tenderness to palpation over the lumbosacral spine and bilateral lumbar paraspinal musculature. The injured worker had decreased range of motion of the lumbar spine. The injured worker had a positive straight leg raising test, 4/5 motor strength in the L3-4 and L5-S1 myotomal distribution and diminished sensation in the bilateral L3-4 and L5-S1 dermatomal distribution. The injured worker's diagnoses included degenerative lumbosacral intervertebral disc disease, chronic pain syndrome due to trauma, post mastectomy lymphedema syndrome, and postlaminectomy syndrome of the lumbar region. Epidural steroid injection at the L4-5 level was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY X 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION Page(s): 46.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommends epidural steroid injections for injured workers who have clinical findings of radiculopathy supported by an imaging study recalcitrant to conservative treatments. The clinical documentation submitted for review does indicate the injured worker's clinical presentation includes radicular findings in the L4-5 and L5-S1 distribution. However, an imaging study or electrodiagnostic study was not provided to support nerve root involvement. Additionally, the request as it is submitted does not clearly define a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request for lumbar epidural steroid injection under fluoroscopy is not medically necessary and appropriate.