

Case Number:	CM14-0154449		
Date Assigned:	09/24/2014	Date of Injury:	08/17/2012
Decision Date:	10/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine and is licensed to practice in California. 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 56 year-old female, who sustained an injury on August 17, 2012. The mechanism of injury is not noted. Diagnostics have included: September 21, 2013 lumbar spine reported as showing degenerative disc changes at multiple levels without definitive nerve root compression. Treatments have included: medications, August 21, 2014 bilateral L4-S1 epidural injection. The current diagnoses are: lumbar sprain, lumbar disc degeneration, lumbar spinal stenosis, lumbosacral spondylosis, neuralgia. The stated purpose of the request for Retro lumbar selective epidural steroid injection (date of service 08/21/2014), was not noted. The request for Retro lumbar selective epidural steroid injection (date of service 08/21/2014, was denied on September 4, 2014, citing a lack of documentation of physical exam or imaging evidence of radiculopathy and it has been less than eight weeks from a August 21, 2014 injection. Per the report dated July 9, 2014 the treating physician noted complaints of bilateral knee pain, pain to the back and pain and numbness to the extremities. Exam findings included painful lumbar range of motion, positive bilateral straight leg raising tests, decreased right foot sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro lumbar selective epidural steroid injection (date of service 08/21/2014): Upheld

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

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

Decision rationale: The requested Retro lumbar selective epidural steroid injection (date of service 08/21/2014, is not medically necessary. California s Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has bilateral knee pain, pain to the back and pain and numbness to the extremities. The treating physician has documented painful lumbar range of motion, positive bilateral straight leg raising tests, decreased right foot sensation. The treating physician has documented symptoms and exam findings indicative of radiculopathy. However the treating physician has documented imaging results of multi-level disc degeneration but without definitive nerve root compression. The criteria noted above not having been met, Retro lumbar selective epidural steroid injection (date of service 08/21/2014, is not medically necessary.