

Case Number:	CM14-0167659		
Date Assigned:	10/14/2014	Date of Injury:	11/05/1997
Decision Date:	11/18/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/10/2014

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 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:

Medical records reflect the claimant is a 60 year old female who sustained a work injury on 11-5-97. Medical records reflect an MRI in June 2014 that showed protrusions at L3-L4 and L4-L5. Office visit on 9-17-14 showed the claimant has low back pain that radiates down the bilateral lower extremities with numbness. The claimant reports it travels down the inside of her groin and down her lower extremities to her toes. On exam, strength is 5/5. There is decreased sensation throughout the left lower extremity. The claimant is being treated with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar epidural steroid injection at L5-S1 with fluoroscopy and conscious sedation:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter - Epidural Steroid Injections (ESIs)

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as the ODG notes that epidural steroid injection are recommended as an option for treatment of radicular pain (defined

as pain in dermatomal distribution with corroborative findings of radiculopathy). The reported MRI of the lumbar spine as well as the physical exam findings does not support this request. The claimant does not have radicular findings on exam. Her strength is 5/5, sensation is decreased over the entire left lower extremity. No documented relevant loss of reflexes. Therefore, the medical necessity of this request is not established.