

Case Number:	CM14-0035509		
Date Assigned:	06/23/2014	Date of Injury:	09/14/2012
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/22/2014

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 Orthopedic Surgery 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 75-year-old female injured on September 14, 2012. The mechanism of injury was noted as helping a customer get dressed. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of pain and discomfort in the neck, lower back, left shoulder, and left hand. The physical examination demonstrated decreased range of motion of the lumbar spine with spasms. There was decreased sensation at the anterolateral aspect of the foot and ankle along the L3, L4, and L5 dermatomes. A lumbar spine MRI showed a 2 mm disc bulge at the L4-L5 level. A request had been made for lumbar spine epidural steroid injections and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Injection, L2-L3, L3-4,L4-L5,L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, if epidural steroid injections are used for diagnostic purposes, a maximum of two injections should be

performed. This request is for four levels of injections. It is also stated that a radiculopathy should be confirmed on physical examination and by imaging studies. The magnetic resonance imaging (MRI) of the lumbar spine only showed a 2 mm disc bulge at the L4-L5 level. For these multiple reasons, this request for lumbar epidural steroid injections at L2-L3, L3-L4, L4-L5 and L5-S1 is not medically necessary.