

Case Number:	CM14-0041463		
Date Assigned:	06/27/2014	Date of Injury:	08/07/2012
Decision Date:	08/13/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 45-year-old female with a date of injury on 8/7/2012. The patient has been diagnosed with L5-S1 spondylolisthesis with radiculopathy. Subjective complaints are of ongoing low back pain with radiation to the lower extremities. Physical exam shows moderate lumbar spinal tenderness, with intact lower extremity sensation, reflexes, and normal motor strength. There is a positive right straight leg raise test. Prior treatments include medication and acupuncture. An MRI of the lumbar spine from 11/30/2012 showed an annulus fissure right paracentral posterior L4-5 disc, and bilateral mild facet arthrosis at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Interlaminar ESI QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment, Integrated Treatment/ Disability Duration Guidelines, Low Back- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The California MTUS notes that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Criteria for epidural steroid injections must show documented radiculopathy on physical exam and corroborated by imaging studies and/or electrodiagnostic testing. For this patient, while radiating pain is reported, there is no evidence on exam of specific nerve root involvement. Therefore, the medical necessity of an epidural steroid injection is not established at this time. Therefore, the request is not medically necessary.