

Case Number:	CM14-0091591		
Date Assigned:	07/25/2014	Date of Injury:	03/02/2002
Decision Date:	10/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational 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 patient is a 69-year-old female who was injured on 03/02/2002 when she tripped and fell. Her medication history included tramadol, Pennsaid, Triamterene, naproxen, Coumadin and lovastatin. Progress report dated 05/13/2014 indicates the patient presented with complaints of pain in her mid back that is well localized. The patient states level of pain to be 4/10 and characterizes the mid back pain to be constant, tight, and pressurized sensation. According to patient, her mid back pain is worsened with standing for a long time or with increased activity and reduced with medication and resting. Objective findings during examination revealed the patient's gait appeared to be normal. The patient was able to do heel to toe walk. Her straight leg raise was negative bilaterally and patella and Achilles reflexes were -2 bilaterally. Her muscle strength was 5/5 in all planes except right hip flexion at 4/5 and right hip extension was -4/5, deltoids 4-/5 bilateral. The patient was diagnosed with acquired spondylolisthesis, lumbosacral spondylosis without myelopathy, and thoracic/lumbosacral neuritis/radiculitis unspecified. The patient was recommended Lumbar Epidural Steroid Injection at L4-L5, L5-S1. Prior utilization review dated September 2, 2014 indicated the request for Lumbar Epidural Steroid Injection at L4-L5, L5-S1 is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection @ L4-L5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Epidural steroid injections

Decision rationale: According to MTUS and ODG guidelines, lumbar epidural steroid injection may be recommended for patients with symptoms of radiculopathy corroborated by examination and diagnostics. In this case a request is made for lumbar epidural steroid injection at L4-5 and L5-S1 for a 69-year-old female with worsening of chronic low back pain. However, the patient is noted to have localized low back pain. There is no radicular pain, numbness or weakness. Physical examination findings do not clearly suggest radiculopathy. Medical necessity is not established.