

Case Number:	CM14-0136853		
Date Assigned:	09/03/2014	Date of Injury:	07/31/2013
Decision Date:	05/12/2015	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 57 year old female, who sustained an industrial injury on July 31, 2013. She reported sudden pain in her right hip and back. The injured worker was diagnosed as having lumbosacral strain. Treatment to date has included MRIs, electrodiagnostic testing, work modifications, physical therapy, and medications including oral and topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On August 5, 2014, the injured worker complains of continued back pain and increased right hip pain. The physical exam revealed she walks without a limp, list, or pelvic obliquity. There was range of motion, no motor weakness, intact sensory exam, normal knee reflexes, decreased ankle reflexes, no muscle spasms, and midline tenderness from lumbar 3 to the sacrum and over the right buttock. The treatment plan includes an epidural cortisone injection at lumbar 4-lumbar 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural cortisone injection at the L4-L5: Upheld

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

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

Decision rationale: The requested 1 Epidural cortisone injection at the L4-L5 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 continued low back and right hip pain. The treating physician has documented no motor weakness, intact sensory exam, normal knee reflexes, decreased ankle reflexes, no muscle spasms, and midline tenderness from lumbar 3 to the sacrum and over the right buttock. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, or muscle strength. The criteria noted above not having been met, 1 Epidural cortisone injection at the L4-L5 is not medically necessary.