

Case Number:	CM15-0000149		
Date Assigned:	01/09/2015	Date of Injury:	05/07/2013
Decision Date:	03/09/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 58 year old female with a date of injury as 05/07/2013. The current diagnoses include lumbago, and sprain/strain of wrist. Previous treatments include medications, physical therapy, and home exercise program. Physician's reports dated 05/05/2014 through 10/30/2014, physical therapy progress notes dated 05/19/2014 and 05/23/2014, and a MRI report dated 10/20/2014 were included in the documentation submitted for review. Report dated 10/30/2014 noted that the injured worker presented with complaints that included waxing and waning symptoms at multiple body parts. Physical examination revealed pain with extension, tenderness over the paralumbar extensors, tenderness over facet joints, range of motion is limited due to pain and stiffness, diminished fist strength, tenderness over flexor tendons and wrist, and Phalen's sign is positive. MRI of the lumbar spine showed mild L5-S1 disc desiccation, posterior annular tear and broad-based annular bulge, right foraminal and lateral disc osteophyte complex with intraforaminal nerve impingement and moderate foraminal stenosis. The physician documented that due to the findings on MRI of the lumbar spine a right L5-S1 lumbar epidural steroid injection may help to decrease the injured workers pain and increase overall functionality. The injured worker is on work restrictions. The utilization review performed on 12/02/2014 non-certified a prescription for transforaminal epidural steroid injection L5-S1 based on medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

Decision rationale: Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. Though the physical exam does suggest radicular pathology, the worker does not meet the criteria as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. An epidural injection (in question here) is not medically substantiated.