

Case Number:	CM15-0003207		
Date Assigned:	01/14/2015	Date of Injury:	06/07/2011
Decision Date:	03/10/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/07/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 50 year old female sustained a work related injury on 06/07/2011. Handwritten progress notes were submitted for review and were partially illegible. Diagnoses included lumbosacral radiculopathy, right shoulder impingement and sleep/stress disorder. The injured worker complained of lumbosacral pain that radiated to the left leg. An MRI of the lumbar spine on 06/06/2014 revealed 2-3 millimeter posterior disc bulge. There was no compromise of the traversing nerve roots. There was encroachment on the foramina, left greater than right. There was compromise of the existing left nerve root but not of the existing right nerve root. An MRI of the right elbow dated 06/09/2014 revealed mild arthritic changes, joint effusion, no specific sight for internal derangements, no other abnormalities noted and MR arthrography may be considered for further evaluation if clinically desirable and appropriate. On 12/15/2014, Utilization Review non-certified epidural injection for lumbar spine. According to the Utilization Review physician, there was no documentation of neurological deficits on exam indicative of radiculopathy. In particular, there was no documentation of electrodiagnostic studies and no documentation of failure of conservative care. Guidelines cited included CA MTUS Chronic Pain Medical Treatment Guidelines, page 46. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection For Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no clinical and objective documentation of radiculopathy. There is no electrodiagnostic documentation of radiculopathy. There is no clear documentation of failure of conservative therapies with compliance with first line therapies. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary.