

Case Number:	CM15-0004954		
Date Assigned:	01/16/2015	Date of Injury:	02/20/2014
Decision Date:	03/11/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51-year-old female, with a reported date of injury of 02/20/2014. The diagnoses include lumbar spondylosis, lumbar radiculopathy, and lumbar sprain/strain. Treatments have included transcutaneous electrical nerve stimulation (TENS) unit; massage therapy; chiropractic care; acupuncture; pain medications; an MRI of the lumbar spine on 03/11/2014, which showed mild lumbar spondylosis at L4-5 and L5-S1 and 2.5mm posterior osteophyte disc complex at L5-S1; and lumbar epidural steroid injection and lumbar epidurogram on 05/27/2014. A progress note on 9/30/14 indicated the claimant had received prior injections but had derived little benefit from it. The medical report dated 11/26/2014 indicates that the injured worker complained of low back, right shoulder, and left leg pain. She reported that she was not using any medications because they were not authorized. The injured worker rated her pain 5-7 out of 10. The physical examination showed tenderness to palpation of the lumbar paraspinous area, decreased range of motion in all planes, left knee extension weakness, left lumbar radicular signs, and limited active range of motion of the shoulder with pain. The treating physician requested a left lumbar epidural steroid injection at L4-L5 under fluoroscopic guidance in the office for the injured worker's radicular pain in the L5 distribution with left knee extension weakness. On 12/30/2014, Utilization Review (UR) denied the request for a left L4-L5 epidural steroid injection under fluoroscopy, noting that there was no documentation of radiculopathy. The MTUS ACOEM Guidelines, MTUS Chronic Pain Guidelines, and the Non-MTUS AMA Guides were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, and Table 12-8, Chronic Pain Treatment Guidelines Page(s): 46.
Decision based on Non-MTUS Citation The AMA Guides

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had also received prior injections and derived little benefit from it. The request, therefore, for a lumbar epidural steroid injection, is not medically necessary.