

Case Number:	CM15-0005393		
Date Assigned:	01/16/2015	Date of Injury:	10/23/2007
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female who reported an injury on 10/23/2007 after a fall from a chair, which reportedly caused injury to her right hand, rib, knee, shoulder and low back. The injured worker's treatment history included physical therapy, medications and epidural steroid injections. Review of the documentation indicate that the injured worker underwent an MRI in 2009. The injured worker's diagnoses included knee pain, leg pain, long term drug use and radicular syndrome of lower limbs. The injured worker was evaluated on 12/17/2014. Physical examination findings included tenderness to palpation of the right lumbar paraspinal musculature with sensory deficits in the right L4 and right L5 distributions. It was noted that the injured worker had 1/4 left patellar and right patellar deep tendon reflexes, with 4/5 right extensor hallucis longus strength. The injured worker had a positive straight leg raising test on the right. The injured worker's treatment plan included an epidural steroid injection at the L4-S1 followed by physical therapy. A Request for Authorization was submitted on 12/18/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested epidural steroid injection at the L4 through the S1 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends repeat injections be based documented functional benefit and documentation of at least 60% pain reduction. The clinical documentation submitted for review does indicate that the injured worker has previously had good responses with epidural steroid injections. However, there is no objective quantitative measures to define that level of benefit. Furthermore, the request is at 2 levels. California Medical Treatment Utilization Schedule recommends that for a transforaminal approach 2 levels may be injected and for an interlaminar approach, 1 level should be injection. As the laterality is no addressed the request would not be supported. As such, the requested epidural steroid injection at the L4 through the S1 is not medically necessary or appropriate.