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| Case Number: | CM15-0008750 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 01/24/2008 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 12/18/2014 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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 67 year old female, who sustained an industrial injury on January 24, 2008. The diagnoses have included lumbar spinal stenosis L3-4. Treatment to date has included epidural injection. Currently, the injured worker complains of severe pain lumbar spine. In a progress note dated November 19, 2014, the treating provider reports examination of the lumbar spine revealed tenderness about the lower lumbar paravertebral musculature decreased range of motion, the provider is recommending epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection (lumbar): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: This patient has a date of injury of 01/24/08 and presents with low back pain that radiates into the buttocks. The Request for Authorization is dated 09/30/14. The current

request is for EPIDURAL STERIOD INJECTION LUMBAR. The MTUS Guidelines has the following regarding ESI under its chronic pain section page 46 and 47, "recommended as an option for treatment for radicular pain defined as pain in the dermatome distribution with corroborated findings of radiculopathy." Physical examination revealed tenderness about the lower paravertebral musculature and decreased range of motion. Straight leg raise test is continually negative and there is no paresthesia or weakness noted. According to progress report dated 09/24/14, the patient has an epidural injection with [REDACTED] and "noted significant improvement in her back pain for many months following this." The date of this injection is not provided. The MTUS guidelines only allow repeat injections with documentation of functional improvement and at least 50% pain relief of 6 to 8 weeks. The required documentation has not been provided to allow for a repeat injection. Furthermore, examination findings do not demonstrate radicular symptoms and there is no MRI or EMG/NCV to confirm radiculopathy. The requested epidural steroid injection IS NOT medically necessary.