

Case Number:	CM15-0009125		
Date Assigned:	01/27/2015	Date of Injury:	02/16/2012
Decision Date:	03/16/2015	UR Denial Date:	12/16/2014
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: 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 60 year old female injured worker suffered an industrial injury on 2/16/2012. The diagnoses were right lumbar nerve impingement, lumbar disc protrusion, lumbago, and thoracic or lumbosacral neuritis or radiculopathy. The diagnostics were lumbar, cervical spine and right wrist magnetic resonance imaging, x-rays of the wrist, right hip, and electromyography. The treatments were medications, physical therapy, trigger point injections, and chiropractic therapy. The treating provider reported right knee weakness with pain in the left lower back radiating to the left leg with pain 10/10. The injured worker reported difficulty sleeping and not able to drive. She had gait impairment and had difficulty moving her bowels due to pain. She was unable to be tested for range of motion due to pain. Straight leg raise was positive. The claimant had received epidural steroid injections on 1/2014, 12/2012, and 8/2012. A recent report in January 21-5 indicate she had 10/10 pain while on Dilaudid and moved into a SNF due to pain. The Utilization Review Determination on 12/16/2014 non-certified a series of 2 transforaminal epidural steroid injections, left lumbar with imaging guidance, citing MTUS Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 2 transforaminal epidural steroid injections at left L4-5 with imaging guidance:
 Upheld

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

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 received 3 sets of epidural steroid injections. These injections did not provide long-term benefit such that the claimant now has 10/10 pain on Dilaudid and needs to be in a SNF. The request for additional lumbar epidural steroid injection is not medically necessary