

Case Number:	CM15-0103828		
Date Assigned:	06/08/2015	Date of Injury:	01/25/2004
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 70-year-old female, who sustained an industrial injury on 1/25/2004. Diagnoses have included degenerative disc disease of the cervical spine with myelopathy, lumbar spinal stenosis, lumbar spondylolisthesis, degenerative disc disease of the lumbar spine and sacroiliac joint dysfunction. Treatment to date has included surgery, physical therapy and medication. According to the progress report dated 4/16/2015, the injured worker complained of cervical and lumbar spine pain rated 5/10. She reported that physical therapy only aggravated her low back pain and she stopped attending. The pain was associated with pain radiating down the legs. Physical exam revealed decreased range of motion of the cervical spine. Authorization was requested for series of three epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injections, series of 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The injured worker sustained a work related injury on to 1/25/2004. The medical records provided indicate the diagnosis of degenerative disc disease of the cervical spine with myelopathy, lumbar spinal stenosis, lumbar spondylolisthesis, degenerative disc disease of the lumbar spine and sacroiliac joint dysfunction. Treatment to date has included surgery, physical therapy and medication. The medical records provided for review do not indicate a medical necessity for Epidural steroid injections, series of 3. The MTUS guidelines for epidural steroid injection recommends documentation of failed conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants); evidence of radiculopathy based on physical examination corroborated by imaging and or nerve studies. Repeat injection is based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. There was no documented evidence of radiculopathy in the medical records reviewed.