

Case Number:	CM15-0106528		
Date Assigned:	06/10/2015	Date of Injury:	07/01/2013
Decision Date:	07/13/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: 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 47 year old female who sustained an industrial injury on 07/01/2013. Mechanism of injury occurred during her work duties, as a senior sales manager, driving various daily distances. Diagnoses include spinal stenosis of lumbar region without neurogenic claudication, thoracic or lumbosacral neuritis or radiculitis, lumbosacral spondylosis without myelopathy. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, and use of a Transcutaneous Electrical Nerve Stimulation unit. A Magnetic Resonance Imaging of the lumbar spine done on 12/15/2014 showed disc degeneration of the L4-5 level with annular bulging left posterolateral protrusion. There is marginal endplate ridging to the left, and there is moderate left-sided foraminal narrowing. There is disc degeneration with annular bulging right posterolateral protrusion at the L5-S1 level, and endplate degenerative changes with endplate ridging to the right. There is mild right-sided foraminal stenosis. There is disc desiccation with annular bulging and minor retrolisthesis at the L3-4 level. There is no evidence of stenosis or focal disk herniation. A physician progress note dated 05/13/2015 documents the injured worker complains of right-sided low back pain with radiation to her right buttock. The pain is worsening and constant and varies in intensity. There is no leg radiation. On examination she is able to flex 93 degrees, extend 25 degrees, right lateral bend 22 degrees and left lateral bend is 22 degrees. She has 5/5 motor strength in her bilateral lower extremities. Treatment requested is for lumbar transforaminal epidural steroid injection right L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar transforaminal epidural steroid injection right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Due to the scientific uncertainty that epidural injections provide lasting benefits, the MTUS Guidelines have very specific criteria to justify the use of epidural injections. The criteria include a clearly documented active radiculopathy which does not appear to be present. No leg radiation is present and no dermatomal or muscle changes are present in the S1 nerve distribution or function. Under these circumstances, the request for the Lumbar transforaminal epidural steroid injection right L5-S1 is not supported by Guidelines and is not medically necessary.