

Case Number:	CM15-0109266		
Date Assigned:	06/15/2015	Date of Injury:	09/12/2013
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 63 year old female, who sustained an industrial injury on 9/12/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having moderate to severe cervical spondylosis and severe lumbar degenerative disc disease. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/30/2015, the injured worker complains of constant neck pain and low back pain that radiates to the buttocks and bilateral lower extremities. Physical examination showed limited lumbar range of motion, but no tenderness to palpation. Documentation mentions a prior epidural steroid injection that was approved, but not performed. The treating physician is requesting lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic, Epidural Steroid Injections.

Decision rationale: According to MTUS guidelines, epidural steroid injections are an option for the treatment of low back pain with radiculopathy. Current recommendations are for no more than two epidural steroid injections. This patient does have some subjective, reported radicular pain, and physical exam findings. However, there is no clearly documented MRI or electrodiagnostic evidence of radiculopathy. The MTUS guidelines clearly state there must be documented evidence of radiculopathy both by physical examination and imaging studies or electrodiagnostic testing. There is no documentation indicating why the previous epidural steroid injection was not performed. There is no indication of intended level or levels for the lumbar epidural injection. Therefore, the above listed issue is considered NOT medically necessary.