MAXIMUS Federal Services

Case Number:	CM15-0015459		
Date Assigned:	02/03/2015	Date of Injury:	07/05/2013
Decision Date:	04/01/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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 was a 48-year-old female, who sustained an industrial injury, July 13, 2013. The According to progress note of December 18, 2014, the injured worker presented for disc herniation of L2-L3 and L3-L4 with back and leg pain, both levels with stenosis. The injured worker was requesting an epidural steroid injection for pan relief. The injured worker was diagnosed with disc herniation of L2-L3 and L3-L4 with back and leg pain, both levels with stenosis. The injured worker also had Lumbar L3-L4, L4-L5 and L5-S1 posterior disc protrusion with spondylolisthesis, multilevel degenerative disc disease of the lumbar spine. The injured worker previously received the following treatments MRI lumbosacral spine without contrast, February 15, 2014 and home exercise program. According to progress note of December 18, 2014, the injured worker presented for disc herniation of L2-L3 and L3-L4 with back and leg pain, both levels with stenosis. The injured worker was requesting an epidural steroid injection for pain relief. The injured worker was not interested in surgery at this time. On December 22, 2014, the primary treating physician requested for lumbar spine at L2-L3 right side epidural steroid injection as an outpatient and office visits 1 times a month for 6 months. December 30, 2014, the UR denied authorization for lumbar epidural steroid injection as an outpatient and office visits 1 times a month for 6 months. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right LESI (Lumbar Epidural Steroid Injection) at L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - (http://www.odg-twc.com/odgtwc/low_back.htm).

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 July 13, 2013. The medical records provided indicate the diagnosis of disc herniation of L2-L3 and L3-L4 with back and leg pain, both levels with stenosis. The injured worker also had Lumbar L3-L4, L4-L5 and L5-S1 posterior disc protrusion with spondylolisthesis, multilevel degenerative disc disease of the lumbar spine. The medical records provided for review do not indicate a medical necessity for Outpatient right LESI (Lumbar Epidural Steroid Injection) at L2-L3. The records indicate the injured worker had physical examination finding of positive straight leg at 40 degrees, MRI evidence of Lumbar disc protrusion and nerve encroachment, in 2013; but no evidence of disc herniation or nerve encroachment in the Lumbar MRI of 02/2014 read by a radiologist. The MTUS does not recommend Lumbar Epidural Steroid Injection) at L2-L3 in the absence of a documentation of radiculopathy determined by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The request is not medically necessary.

Office visit 1 time a month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on July 13, 2013. The medical records provided indicate the diagnosis of disc herniation of L2-L3 and L3-L4 with back and leg pain, both levels with stenosis. The injured worker also had Lumbar L3-L4, L4-L5 and L5-S1 posterior disc protrusion with spondylolisthesis, multilevel degenerative disc disease of the lumbar spine. The medical records provided for review do not indicate a medical necessity for Office visit 1 time a month for 6 month. The record indicates this request is for roid injections. This request is not medically necessary and appropriate because the epidural injection has been determined not to be medically necessary.