

Case Number:	CM15-0131255		
Date Assigned:	07/17/2015	Date of Injury:	10/02/2001
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 72-year-old female with an industrial injury dated 10/02/2001. Her diagnosis is acute exacerbation of chronic episodic mechanical axial back pain. Comorbid conditions were breast cancer, high blood pressure and colitis. Prior treatment included physical therapy, injection in right hip and left total knee (2004). She presents on 04/28/2015 with low back pain which had improved with physical therapy. Three weeks prior to the visit she was helping her elderly aunt into a wheelchair and experienced a sharp onset of right side low back pain that progressively got worse causing her to be bedridden for four days. She was noticing some numbness and tingling along the lateral aspect of her left foot. Physical exam noted tenderness of the lumbar spine. Gait was normal. Sensory function was normal. The treatment request is for right L4-L5 interlaminar epidural steroid injection under fluoroscopic guidance, quantity: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 interlaminar epidural steroid injection under fluoroscopic guidance, QTY: 1.00: 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 steroids Page(s): 46.

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there is no documented evidence of radiculopathy on physical exam and a trial of physical therapy is not documented to have been done. The request for right L4-5 lumbar epidural steroid injection is not medically appropriate and necessary.