

Case Number:	CM15-0131970		
Date Assigned:	07/20/2015	Date of Injury:	04/04/2012
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/08/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 4/4/12 from a pulling incident causing her to fall backward onto her buttocks and injuring her back and head. She was medically evaluated, given medications and placed on modified duty. She currently complains of low back pain and right greater than left leg pain, Physical exam of the lumbar spine revealed limited range of motion. Medications were Celebrex, Tylenol and Lyrica. Diagnoses include left L4-5 laminectomy discectomy (7/29/13); persistent stenosis, sciatica, left greater than right, with possible recurrent disc herniation at left L4-5 associated with foraminal stenosis; chronic low back pain; bilateral lumbar radiculopathy; chronic lower extremity pain. Treatments to date include physical therapy; medications. There were no diagnostics available for review. In the progress note dated 4/27/15 and 6/15/15 the treating provider's plan of care requests a lumbar epidural injection for the left sciatic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection at S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Ca MTUS states that epidural steroid injections (ESI) "are recommended as an option for treatment of radicular pain (defined as pain in a dermatomal distribution with corroborative findings of radiculopathy)." The Guidelines give specific criteria for ESI, stating, "Radiculopathy must be documented by physical exam and corroborated by imaging studies or electrodiagnostic testing." In addition the patient must be initially unresponsive to conservative treatment. In this case, there is no sensory/motor loss on examination and no imaging studies are provided. Therefore this request is not in accordance with the guidelines and is not medically necessary.