

Case Number:	CM15-0133820		
Date Assigned:	07/22/2015	Date of Injury:	04/04/2003
Decision Date:	08/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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: 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 64 year old female, who sustained an industrial injury on 4/04/2003. She reported acute low back pain with lifting activity. Diagnoses include lumbar degenerative disc disease, radiculitis, lumbar facet arthropathy, and myofascial pain syndrome. Treatments to date include activity modification, anti-inflammatory, physical therapy, chiropractic therapy and epidural injections. Currently, she complained of low back pain radiating to lower extremities associated with numbness and tingling with increase in symptoms over the last few weeks. A lumbar steroid injection provided 1/20/15 was noted to provide over 80% improvement in symptoms. On 6/4/15, the physical examination documented tenderness and a positive straight leg raise test. The plan of care included lumbar epidural steroid injection at L4-L5 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5 under fluoroscopy: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may recommend if it meets criteria. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation only states that the ESI was to decrease pain. There is no noted long term plan, Fails criteria. 2) Unresponsive to conservative treatment. Pt has failed multiple prior treatment modalities, Meets criteria. 3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8 weeks, Fails criteria. Patient had reported prior ESI on 1/15 with reported "80%" improvement in pain but no actual documentation of objective improvement in pain or function was documented or length of claimed improvement. Documentation fails to support request for repeat lumbar epidural steroid injection, therefore not medically necessary.