

Case Number:	CM15-0134930		
Date Assigned:	07/23/2015	Date of Injury:	10/09/2008
Decision Date:	08/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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, Florida, California
 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 is a 59 year old female who sustained an industrial injury on October 9, 2008. She has reported low back pain and has been diagnosed with lumbago, post laminectomy syndrome lumbar region, thoracic lumbosacral neuritis, radiculitis unspecified, other symptoms referable to back, bariatric surgery status, osteoarthritis unspecified whether generalized or localized, unspecified site, and asthma unspecified, unspecified status. Treatment has included surgery, a home exercise program, medications, physical therapy, injections, and TENS. Palpation of the lumbar facet revealed bilateral pain at L3-L4, L4-L5, L5-S1. Palpation of the bilateral sacroiliac joint reveals right and left sided pain. There was pain noted in the lumbar region while flexing anteriorly. There was pain noted with lumbar extension. Left lateral flexion reveals pain. Right lateral flexion revealed pain. The treatment request included two bilateral lumbar epidural steroid injection L3-L4, L4-L5 x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 bilateral lumbar epidural steroid injections, L3-L4, L4-L4, x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 47 of 127.

Decision rationale: This claimant was injured now about 7 years ago and has low back pain. The diagnoses were lumbago, post laminectomy syndrome lumbar region, thoracic lumbosacral neuritis, radiculitis unspecified, other symptoms referable to back, post bariatric surgery, osteoarthritis (unspecified whether generalized or localized and unspecified site), and asthma, unspecified status. Treatment has included surgery, a home exercise program, medications, physical therapy, injections of unknown type and unknown objective functional outcomes, and TENS. The MTUS recommends epidurals as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Also, the claimant had unknown prior injections, with unknown outcomes; the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous injections are unknown. The request appears appropriately non-certified based on the above. The request is not medically necessary.