

Case Number:	CM15-0145566		
Date Assigned:	08/06/2015	Date of Injury:	02/24/2013
Decision Date:	09/09/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 25-year-old female, who sustained an industrial injury on 2-24-2013. She reported a right leg and right foot injury due to falling off a ladder. Diagnoses have included chronic moderate to severe lumbar sprain-strain, right hip trochanteric bursitis, chronic right ankle and forefoot sprain-strain and right foot complex regional pain syndrome (CRPS). Treatment to date has included physical therapy, chiropractic treatment and medication. According to the progress report dated 6-29-2015, the injured worker complained of right foot pain rated seven out of ten. She complained of low back pain rated eight out of ten. She stated that the low back pain radiated bilaterally down the upper legs. The pain was worse on the right. Straight leg raise testing was positive bilaterally. Exam of the lumbar spine revealed tenderness and tautness. There was decreased range of motion of the lumbar spine and right hip. Authorization was requested for right L5-S1 lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural steroid injections (ESIs).

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

Decision rationale: The patient presents with pain affecting the low back with radiation down the bilateral legs. The current request is for Right L5-S1 lumbar epidural steroid injection. The treating physician report dated 6/22/15 (18B) states, "It may be worthwhile trialing an epidural steroid injection to L5-S1 on the right side in an effort to give her some relief of the pain through the right side in the gluteal region itself as well as the paresthesias and pain referring posteriorly through the right lower extremity into the right foot." MTUS Guidelines do recommend ESIs as an option for "treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Most current guidelines recommend no more than 2 ESI injections. MTUS guidelines go on to state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical reports provided do not show that the patient has received a previous ESI at the L5- S1 level. In this case, while the patient presents with low back pain that radiates down to the bilateral legs, an EMG/NCV study was performed on 7/9/14 (59C) and showed no evidence of radiculopathy. Furthermore, an MRI of the lumbar spine performed on 8/27/14 (59C) showed only a small annular tear at L5-S1. The current request does not satisfy the MTUS guidelines as the diagnoses of lumbar radiculopathy is not corroborated by imaging studies or electrodiagnostic testing. The current request is not medically necessary.