

Case Number:	CM15-0146239		
Date Assigned:	08/07/2015	Date of Injury:	09/20/2010
Decision Date:	09/03/2015	UR Denial Date:	07/07/2015
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: 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 50-year-old female who sustained an industrial injury on September 20, 2010 resulting in low back pain, radiating down the left lower extremity. She was diagnosed with L4-5 annular tear, stenosis, sciatica, and lumbar neuritis. Documented treatment has included physical therapy, ice, home exercise and medication, all with reported temporary relief. The injured worker continues to report constant, radiating low back pain aggravated by movement. The treating physician's plan of care includes a lumbar epidural steroid injection with monitored anesthesia care. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection with monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 in 2010 with an L4-5 annular tear, stenosis, sciatica, and lumbar neuritis. Documented treatment has included physical therapy, ice, home exercise and medication, all with reported temporary relief. The injured worker continues to report constant, radiating low back pain aggravated by movement. There is no documentation of radicular signs in a particular dermatomal distribution that correlates with MRI disc herniation. The MTUS recommends this 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. Further, 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 ESI do not meet this criterion. The request appears appropriately not medically necessary based on the above.