

Case Number:	CM15-0146496		
Date Assigned:	08/07/2015	Date of Injury:	05/21/2014
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 5-21-14. Initial complaint was of her low back. The injured worker was diagnosed as having Grade I spondylolisthesis L3-L4 with asymptomatic disc collapse; lumbar strain; degenerative disc disease L2-L3, L3-L4 and L4-L5. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostics studies included MRI lumbar spine (3-18-15). Currently, the PR-2 notes dated 6-17-15 indicated the injured worker complains of lower back pain. She complains of constant severe low back pain with a pressure feeling in the low back worse with movement sitting, standing, walking, bending and twisting. The pain radiates down the back of both legs to the knees. There is constant pain in the front of the left leg. She has not experienced numbness or weakness in the legs. On physical examination her gait is slow and guarded and she is able to walk on toes and heels without observed deficits. Her range of motion is extremely limited due to severe pain. Light touch sensation is intact in both lower extremities. A MRI of the lumbar spine completed on 3-18-151 impression of desiccation and moderate loss of disc height at L3-L4 and L4-L5. Bone marrow signals are within normal limits except at L4-L5 where there are early modic endplate changes. At L2-L3, there is moderate bilateral facet hypertrophy with ligamentum flavum hypertrophy and diastasis of the facet joints resulting in increased facet joint fluid. There is moderate central stenosis. At L3-L4 there is moderate bilateral facet and ligamentum flavum hypertrophy with diastasis of the facet joints resulting in moderate bilateral lateral recess stenosis. At L4-L5, there is a broad-based central disc protrusion right paracentral disc protrusion with annular tear resulting in moderate right lateral recess stenosis. There is

moderate bilateral facet hypertrophy. There is no significant foraminal stenosis at any level except on the right at L3-L4 where there is mild to moderate foraminal entry zone stenosis. The provider is requesting authorization of lumbar epidural steroid injection L4-L5 outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L4-L5, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46 of 127.

Decision rationale: Regarding the request for epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative imaging and/or electrodiagnostic findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no current clinical as well as imaging and/or electrodiagnostic findings corroborating any specific radiculopathy. In the absence of such documentation, the currently requested epidural steroid injection is not medically necessary.