

Case Number:	CM15-0146889		
Date Assigned:	08/07/2015	Date of Injury:	11/12/2004
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
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: Massachusetts

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 40-year-old female who sustained an industrial lifting injury on 11-12-2004. The injured worker was diagnosed with chronic L5-S1 degenerative disc disease and bilateral sciatica. Treatment to date has included diagnostic testing with recent lumbar spine magnetic resonance imaging (MRI) on June 20, 2015, multiple lumbar epidural steroid injections, neural ablation, physical therapy and medications. The injured worker has declined lumbar surgery. According to the primary treating physician's progress report on July 9, 2015, the injured worker continues to experience low back pain and intermittent bilateral sciatica. There was no objective findings or physical assessment documented. The injured worker has returned to her customary duties without restrictions. Current medication is noted as Ibuprofen. Treatment plan consists of the current request for a lumbar epidural steroid injection at L5-S1.

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 L5-S1: 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 Criteria for the use of Epidural steroid injections, Page(s): 46.

Decision rationale: The claimant has a remote history of a work injury occurring in November 2004 and is currently being treated for low back pain with intermittent bilateral sciatic symptoms. Multiple injections have been performed including an interlaminar epidural injection in August 2005. In September 2005 less than six weeks after the injection she was having moderate to severe pain and a lumbar decompression continued to be recommended. Subsequent interventional procedures included lumbar facet rhizotomy procedures. When seen, there was no physical examination reported. An MRI of the lumbar spine in June 2015 is reported as showing mild to moderate disc degeneration without neural compromise. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no reported physical examination findings and recent imaging was negative for neural compromise. A lumbar epidural steroid injection is not medically necessary.