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| Case Number: | CM15-0147770 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 08/12/2006 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 07/21/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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: Georgia, California, Texas

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 58 year old female who sustained a work related injury August 12, 2006. According to a pain medicine physician's progress report, dated June 26, 2015, the injured worker presented with complaints of headache, back pain, neck pain, shoulder pain, elbow pain, wrist pain, hand pain, low back pain, hip pain, knee pain, ankle pain and foot pain. She reports experiencing increased pain in her lower back that radiates down both legs into her feet. She rates her pain 3 out of 10, and at worst, 8 out of 10. Physical examination of the cervical spine revealed; cervical scar noted, decreased neck range of motion bilaterally, and tenderness to palpation over the cervical spine and paraspinal muscle. Examination of the lumbar spine revealed; tenderness to palpation and pain with facet loading maneuvers, and positive lumbar radicular signs. Assessment is documented as unspecified thoracic-lumbar neuritis-radiculitis; cervical post-laminectomy syndrome; brachial neuritis-radiculitis not otherwise specified; unspecified myalgia-myositis; depressive disorder. Treatment plan included renewal of medications and at issue, a request for authorization for an interlaminar lumbar epidural steroid injection L5-S1 with fluoroscopy. The injured worker reported very good results from previous (unspecified) injection therapy greater than 3 years earlier, but amount and duration of relief following previous injections was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 interlaminar lumbar epidural steroid injection at the L5-S1 level with fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 47.

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

Decision rationale: Based upon the submitted documentation, MTUS criteria for ESIs are not met. The treating physician has documented positive straight leg raising test, but objective evidence of radiculopathy involving a specific nerve root is not documented. Corroboration of radiculopathy per imaging or electrodiagnostic studies is not documented. The amount or duration of response to previous injections is not documented. Due to failure to meet MTUS criteria, medical necessity is not established for the requested injection. Therefore, the request is not medically necessary.