

Case Number:	CM15-0160608		
Date Assigned:	08/27/2015	Date of Injury:	09/12/2008
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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 (IW) is a 51 year old female who sustained an industrial injury on 09/12/2008. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having:- Mood disorder other disease- Spinal/lumbar degenerative disc disease- Low back pain- Cervical pain - Disc disorder lumbar- Lumbar facet syndromePain disorder with both psychological factors and an orthopedic condition. Treatment to date has included oral medications, electromyogram, and epidural steroid injections. Currently, the injured worker complains of pain in the lower back that is rated as a 10 on a scale of 1-10 with and without medications. She complains of decreased activity and increased pain, fatigue and depression. According to the physician notes of 07/07/2015, the worker is" requesting a low back epidural to help control pain as her medications are not being authorized and low back pain non-radiating has decreased". Her current prescribed medications include Norco, Medrol Dosepak, Provigil, Zoloft, Calcium, Chlorthalidone, and Excedrin headache. On examination, she has no cervical lordosis, asymmetry or abnormal curvature of the cervical spine. Range of motion is restricted with flexion and extension limited by pain. Tenderness is noted in the paracervical muscles, rhomboids, and trapezius. The Lumbar Spine has no scoliosis, asymmetry of abnormal curvature. Range of motion is also limited by pain. Paravertebral muscles are tender on palpation and tight muscle band is noted on both sides. Spinous process tenderness noted L1-L5. Lumbar facet loading is positive on both sides. The plan of care includes requesting an epidural steroid injection of the bilateral L4- L5 epidurals pace. A request for authorization was submitted for a Lumbar ESI Bilateral L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI Bilateral L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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 7 years ago with a mood disorder, spinal/lumbar degenerative disc disease, low back pain, cervical pain, disc disorder lumbar, and lumbar facet syndrome. There is ongoing low back pain. The worker requests the ESI. However, no radicular pain patterns corresponding to objective dermatomal neurologic signs or a corresponding herniated disc on MRI are noted. 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. The request appears appropriately not medically necessary based on the above.