

Case Number:	CM15-0162302		
Date Assigned:	08/28/2015	Date of Injury:	03/18/2014
Decision Date:	09/30/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/18/2015

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

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 27 year old female with an industrial injury dated 03-18-2014. The injured worker's diagnoses include lumbar degenerative disc disease, lumbar radiculopathy and left sciatica. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-30-2015, the injured worker reported lower back pain and left lower extremity radiculopathy. Objective findings revealed limited lumbar range of motion, mild tenderness to palpitation over the bilateral lumbar paraspinals and positive straight leg raise on the left. The treatment plan consisted of medication management, diagnostic studies, ice and heat therapy and follow up visit. The treating physician prescribed services for injection-steroid transforaminal epidural, at bilateral L4-5 and L5-S1 quantity: 1, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection - steroid transforaminal epidural, at bilateral L4/5 and L5/S1 quantity: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Injection-steroid transforaminal epidural, at bilateral L4/5 and L5/S1 quantity: 1 is not medically necessary or appropriate.