

Case Number:	CM15-0165224		
Date Assigned:	09/02/2015	Date of Injury:	03/05/2004
Decision Date:	10/06/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50-year-old female, who sustained an industrial injury on 03-05-2004. On provider visit dated 06-15-2015 the injured worker has reported low back pain that radiates down the left lower extremity. Pain is accompanied by numbness in the left lower extremity to the level of the foot, and muscles spasms in the lower back were noted as well. On examination, the lumbar spine revealed spasms at L4-S1. Tenderness to palpation in the bilateral paravertebral area L4-S1 levels was noted as well. Range of motion of lumbar spine was limited due to pain. Straight leg raise was noted to be positive on the left. Sensory and motor exam were noted as decreased. The diagnoses have included chronic pain other, lumbar facet arthropathy and lumbar radiculitis. Treatment to date has included epidural steroid injections and medication. The injured worker was noted not to be working. The provider requested Left L5-S1 interlaminar lumbar epidural injection with fluoroscopic guidance Qty: 1.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 interlaminar lumbar epidural injection with fluoroscopic guidance Qty: 1.00:
Upheld

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

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

Decision rationale: Left L5-S1 interlaminar lumbar epidural injection with fluoroscopic guidance Qty: 1.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate objective electrodiagnostic studies or objective imaging studies to corroborate with physical exam findings of radiculopathy in the proposed area for epidural steroid injection. For this reason, the request for epidural steroid injection is not medically necessary.