

Case Number:	CM15-0168060		
Date Assigned:	09/08/2015	Date of Injury:	09/02/2011
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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 34 year old female who sustained an industrial injury on 9-2-11 with current complaints of pain in bilateral legs, buttocks, hips, knees, low back, ankles, and feet. Diagnoses are back pain with radiculopathy, degeneration of lumbar intervertebral disc, spasm of muscle, and insomnia-chronic. Previous treatment noted includes medications, home exercise, and urine drug screening. In a progress report dated 7-1-15, the physician notes there is a change in pain control from the last visit. The frequency of pain-spasticity is constant and is made worse by lifting, sitting, bending, physical activity, walking, no sleep, and cold. Pain in the last month with medications is noted as 4 out of 10 at the least, 5 out of 10 on average and 7 out of 10 at the worst. In the last month without medications the pain is 6 out of 10 at the least, 7 out of 10 on average and 8 out of 10 at the worst. It is noted she can tolerate a pain level of 4 out of 10. She awakens 6 times per night. The activity assessment is that she can work full time, is up and out of bed and dressed early, and is out of the house daily. Medications are Tramadol, Etodolac ER, and Skelaxin. The treatment plan is to discontinue Robaxin, start Skelaxin, discontinue Naproxen, and start Etodolac ER, lumbar epidural steroid injection is pending approval and to change the dates for acupuncture approval. A gradual increase in daily stretching and strengthening as tolerated was encouraged. The requested treatment is lumbar epidural steroid injection; fluoroscopy, monitored sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, fluoroscopy with monitored sedation: 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 Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in September 2011 and is being treated for bilateral low back, buttock, hip, leg, and ankle and foot pain. When requested in April 2015, she was having worsening pain and spasticity. Physical examination findings documented include lying supine on the examination table with legs bent. There was no thoracic or lumbar deformity. There was no documented neurological examination. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. There is no indication for the use of monitored anesthesia which is also being requested. An epidural steroid injection is not medically necessary.