

Case Number:	CM15-0169143		
Date Assigned:	09/11/2015	Date of Injury:	03/08/2015
Decision Date:	10/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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 50 year old female, who sustained an industrial injury on March 8, 2015. She reported abrupt, moderate pain in the lumbar spine area, left gluteus and sacrum. The injured worker was diagnosed as having acute lumbar strain and contusion to the back and buttocks. Treatment to date has included diagnostic studies, eight chiropractic sessions with short term relief, physical therapy without benefit and medication. On July 21, 2015, the injured worker complained of pain across her lower back into her buttock bilaterally with radiation into her legs along with tingling. Central stenosis was noted to be seen on MRI. The treatment plan included an L4-L5 interlaminar epidural under fluoroscopy, medication and a follow-up visit. On July 29, 2015, utilization review denied a request for left lumbar interlaminar epidural steroid injection at L4-L5 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar interlaminar epidural steroid injection at L4-L5 under fluoroscopy Qty: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The claimant sustained a work injury in March 2015 and is being treated for low back pain radiating into the lower extremities with tingling. Treatments have included chiropractic care and she was unable to tolerate physical therapy. Medications have included Motrin and Norco. When seen, she was having radiating pain. Physical examination findings included a BMI of over 34. There was diffuse lumbar and paraspinal muscle tenderness. There was bilateral sacroiliac joint tenderness. There was pain with lumbar range of motion. Strength and sensation were normal and there were no reflex asymmetries. A CT scan of the lumbar spine is referenced as showing findings of moderate canal and mild bilateral foraminal stenosis at L4-5. A lumbar epidural injection was requested. 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 support a diagnosis of radiculopathy. The requested epidural steroid injection was not medically necessary.