

Case Number:	CM15-0180011		
Date Assigned:	09/21/2015	Date of Injury:	07/02/2010
Decision Date:	11/06/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: Pennsylvania, Ohio, 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 55 year old female who sustained an industrial injury on 07-02-2010. The injured worker was diagnosed with multi-level lumbar spinal stenosis with scoliosis and left L5-S1 foraminal stenosis. The injured worker is status post L3-L5 internal fixation on July 24, 2012. According to the treating physician's progress report on August 12, 2015, the injured worker continues to experience pain in the left leg and left foot numbness and more recently developed left buttock and thigh pain. The provider noted the physical examination was unchanged from prior reporting. The injured worker uses a cane on the right side. The injured worker was noted at maximum medical improvement. Prior treatments documented to date have included diagnostic testing including lumbar spine magnetic resonance imaging (MRI) in January 2015, surgery and assistive ambulatory device. Current medications were not noted. The provider requested authorization for an epidural steroid injection for a diagnostic and therapeutic purpose to determine a mechanical component. On 09-04-2015 the Utilization Review determined the request for a lumbar epidural steroid injection L5-S1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injections left L5-S1 with MPN doctor: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. This request is not medically necessary.