

Case Number:	CM15-0181072		
Date Assigned:	09/22/2015	Date of Injury:	12/29/2014
Decision Date:	10/27/2015	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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52 year old female, who sustained an industrial injury on 07-17-2015. The injured worker was diagnosed as having sprain- strain lumbar region and pain in joint - pelvis thigh. On medical records dated 07-17-2015 and 08-14-2015, subjective complaints were noted as low back, left hip and left shoulder pain. Pain was noted as constant low back pain with radiation, numbness and tingling down the posterolateral aspect of the left lower extremity to mid-calf. Pain medication decreased pain by approximately 80%, which was noted to have improved her tolerance for walking and sitting for long periods of time. Objective findings were noted as having antalgic gait and lumbar spine was noted to have spasm and guarding with decreased sensation in L4, L5 and S1 dermatomal distribution. The injured worker was noted to be not working. The injured worker underwent a MRI of the lumbar spine on 06-05-2015 which was noted to have revealed a L2-L3 disc bulge, L3-L4 mild spinal canal stenosis and disc bulge, L4-L5 mild spine canal stenosis and L5-S1 moderate narrowing of the right lateral narrowing and mild left neural foraminal narrowing, and disc bulge. Current medication was listed as Norco, Flexeril, Hydrocodone -APAP, Cyclobenzaprine-Flexeril and Norflex. The Utilization Review (UR) was dated 09-04-2015. The UR submitted for this medical review indicated that the request for Lumbar epidural steroid injection L4-L5 and L5-S1 with epidurogram under fluoroscopy and IV sedation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-L5 and L5-S1 with epidurogram under fluoroscopy and IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: In this case, the claimant does have pain, radiculopathy and abnormal MRI consistent with radiculopathy. The claimant has persistent pain despite conservative therapy. However, ESI does not routinely require sedation. There is no mention of claimant's inability to undergo the procedure without sedation. The request for ESI with sedation is not medically necessary.