

Case Number:	CM15-0188171		
Date Assigned:	09/30/2015	Date of Injury:	02/18/1999
Decision Date:	11/09/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Emergency 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:

This is a 65 year old female with a date of injury on 2-18-1999. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculopathy, sciatica and low back pain. According to the progress report dated 6-26-2015, the injured worker complained of chronic back and left ankle pain. She rated her pain 3 out of 10. She was noted to have radicular symptoms into her bilateral buttocks and legs. She reported that pain was constant and could increase to a sharp pain that was a shooting sensation. The physical exam (6-26-2015) revealed limited lumbar range of motion due to pain. Straight leg raise was positive bilaterally. There was tenderness of the thoracolumbar fascia. Palpation of the lumbar facets elicited facet tenderness. Treatment has included chiropractic treatment (with minimal or temporary relief), home exercise program and medications. The treatment plan (6-26-2015) included a thoracolumbar brace, Diclofenac and topical anti-inflammatory cream. The request for authorization dated 7-8-2015 included bilateral L2-3, L3-4 transforaminal epidural steroid injection. The original Utilization Review (UR) (9-8-2015) denied a request for right L2-3, L3-4 transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar (L2-L3, L3-L4 lower back) transforaminal epidural steroid injection, Qty 1, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic); Goodman & Gilman's Pharmacological Basis of Therapeutics; Physician's Desk Reference, 68th edition; URL [www.drugs.com].

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

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide any rationale or justification for LESI. There is no long-term plan or goal. Fails criteria. 2) Unresponsive to conservative treatment. There is no appropriate documentation of prior conservative therapy attempts. Patient has ongoing conservative therapy and has no documentation of treatment failure. Fails criteria. Patient fails multiple criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary.