

Case Number:	CM15-0197619		
Date Assigned:	10/13/2015	Date of Injury:	02/17/2010
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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:

The injured worker is a 65 year old female, who sustained an industrial injury on February 17, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar spondylolisthesis and lumbar radiculopathy. Treatment to date has included diagnostic studies, injection, medication and physical therapy without "significant" relief. On August 7, 2015, the injured worker underwent a lumbar epidural steroid injection under fluoroscopic guidance left L4-L5. She reported at least 60% pain relief and her activities of daily living have improved 60%. She reported a reduction in most of her pain medication. On September 1, 2015 the injured worker complained of low back pain radiating to the lateral side of the left leg to the top of the foot associated with leg weakness and numbness. The pain is described as constant, moderate, severe, sharp, stabbing, burning and tingling. The treatment plan included a left L4-L5 epidural steroid injection under fluoroscopy guidance and core strengthening exercise. On September 10, 2015, utilization review denied a request for left L4-L5 epidural steroid injection under fluoroscopy guidance, IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Epidural Steroid Injection under fluoroscopy guidance, IV sedation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs are recommended for those with radiculopathy. Repeat injections are for those who have 50% relief for 6-8 weeks. The claimant had a ESI less than 2 months prior. The ACOEM guidelines do not recommend ESI due to their short-term benefit. In addition, there is no indication of instability where sedation would be required. The request for another ESI is not medically necessary.