

Case Number:	CM15-0203186		
Date Assigned:	10/19/2015	Date of Injury:	08/09/2012
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: 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 48-year-old female who sustained an industrial injury on 8-9-2012 and has been treated for lumbosacral and SI joint sprain "per X-ray" date unknown; lumbar disc protrusion with bilateral nerve root compromise "per MRI" undated; and, injuries to other multiple body parts. On 8-21-2015 the injured worker presented with moderate low back pain rated at 4 out of 10, and characterized as dull and achy. The objective examination noted "decreased and painful" range of motion, with tenderness with palpation of the paravertebral muscles. Kemp's, sitting straight leg raise, and Valsava's were all noted to cause pain, with straight leg pain being bilateral. Spasms were also noted. An undated electromyography-nerve conduction velocity study was referenced as not revealing any abnormal findings. Documented treatment includes home exercise, medication, and the note dated 8-21-2015 states "status post lumbar steroid epidural injection on 8-14-2015." Response to the injection or if there were previous ones is not present in the provided documentation. The treating physician's plan of care includes a lumbar epidural steroid injection which was denied on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Spine Epidural Injection: 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 Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The MTUS guidelines state that in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, electrodiagnostic studies of the lower extremities are noted to be negative. In addition, the medical records do not establish the response to a prior epidural steroid injection. The request for 1 Lumbar Spine Epidural Injection is not medically necessary and appropriate.