

Case Number:	CM15-0207950		
Date Assigned:	10/26/2015	Date of Injury:	07/24/2006
Decision Date:	12/14/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/22/2015

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: New York, West Virginia, Pennsylvania
 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:

The injured worker is a 31 year old female, who sustained an industrial injury on 07-24-2006. A review of the medical records indicates that the worker is undergoing treatment for lumbar radiculopathy, lumbar strain and sprain, lumbar and cervical myofascitis, and piriformis pain. MRI of the lumbar spine dated 06-26-2012 showed 4-5 mm left paracentral left posterior lateral disc bulge that appeared to abut and displace the emerging S1 nerve root on the left and 2 mm posterior disc bulge at the L4-L5 level. Treatment has included Zanaflex, Percocet, Motrin, trigger point injections and intramuscular Morphine injections that were noted to have failed to significantly relieve pain. Subjective complaints (08-03-2015, 09-10-2015 and 10-05-2015) included severe low back and leg pain that was rated as 9-10 without medication and 3-4 out of 10 with medication. Objective findings (08-03-2015, 09-10-2015 and 10-05-2015) included pain with range of motion past 30 degrees flexion, 15 degrees of extension, positive straight leg raise and decreased sensation to pin prick of the lateral calf, right with diminished ankle jerk reflex right compared to left. The physician noted that the worker continued to report radiculopathy symptoms and that lumbar epidural steroid injection was being requested to reduce inflammation causing pain. A utilization review dated 10-16-2015 non-certified a request for lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural steroid injections.

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, no peripheral nerve entrapment or neuropathy was present. The request for lumbar epidural steroid injection is not medically appropriate or necessary.