

Case Number:	CM15-0021378		
Date Assigned:	02/10/2015	Date of Injury:	03/20/2013
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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 29 year old female, who sustained an industrial injury on March 20, 2013. The diagnoses have included lumbago, lumbar spondylosis and radiculopathy. A progress note dated January 26, 2015 provided the injured worker complains of ongoing low back pain that shoots down both legs rated 6-8/10. She had a medial branch block on December 22, 2014 that she reported in the previous visit did not significantly help her pain. It is noted a magnetic resonance imaging (MRI) in 2013 shows disc herniation. On January 26, 2015 utilization review non-certified a request for lumbar epidural steroid injection at L4-5 and L5-S1. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated February 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

Decision rationale: Guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies before lumbar epidural steroid therapy. In this case, there is no documentation of radiculopathy on physical examination and use of epidural steroid injection in the absence of radiculopathy is not indicated. Furthermore, this patient has received an epidural injection in the past but there is no functional benefit documented and repeating this intervention without a significant improvement with the prior intervention is not indicated. Epidural steroid injection is not medically appropriate and necessary.