

Case Number:	CM15-0021602		
Date Assigned:	02/11/2015	Date of Injury:	09/23/2013
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 30 year old woman sustained an industrial injury on 9/23/2013. The mechanism of injury is not detailed. Current diagnoses include lumbar disc degeneration and lumbar spine sprain. Treatment has included oral medications. Physician notes dated 1/21/2015 show complaints of recurrent symptoms including low back pain and left leg radiculopathy. Recommendations include epidural injection to the lumbar spine. It is stated that the worker has radiculopathy, however, this is not reflected in the physical examination or MRI that is referenced. On 1/30/2015, Utilization Review evaluated a prescription for lumbar/sacral injection, one non-neurolytic epidural, that was submitted on 2/4/2015. The UR physician noted there was no documentation of radiculopathy or objective finding on physical examination. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46.

Decision rationale: L5-S1 epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Although the lumbar MRI reveals mild right stenosis and moderate to left stenosis the physical exam findings are not specific for radicular findings requiring an L5-S1 injection. Furthermore, the request does not specify a laterality or quantity. Therefore, the request for L5-S1 epidural steroid injection is not medically necessary.