

Case Number:	CM15-0024369		
Date Assigned:	02/13/2015	Date of Injury:	08/08/2003
Decision Date:	04/06/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72-year-old female who reported an injury on 08/08/2003. The mechanism of injury involved a fall. The current diagnosis is lumbago. The injured worker presented on 12/19/2014 for an initial consultation with complaints of persistent low back pain with radiation into the bilateral lower extremities. It was noted that the injured worker had tried and failed medications and physical therapy. Upon examination, there was a slow and antalgic gait, normal motor strength, intact sensation, and diminished reflexes. Recommendations at that time included a bilateral lumbar epidural injection at L4-5 followed by postinjection physical therapy twice per week for 4 weeks. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at bilateral L4-5 under fluoroscopy to be done at Congress Surgery Center: 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.

Decision rationale: The California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While it is noted that the injured worker has tried and failed medication and physical therapy, there was no objective evidence of lumbar radiculopathy upon examination. There were no imaging studies or electrodiagnostic reports submitted for review to corroborate a diagnosis of radiculopathy. Given the above, the request is not medically appropriate.