

Case Number:	CM15-0029748		
Date Assigned:	02/23/2015	Date of Injury:	11/03/2014
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 was a 54 year old female, who sustained an industrial injury, October 31, 2014. The injured worker sustained a lower back injury by lifting something on the job. According to progress note of January 13, 2015, the injured workers chief complaint was lumbar spine back pain. The pain from the back radiated down to the bilateral lower extremities more on the right than the left. The pain was aggravated by activity and relieved by rest. The injured also complains of right hip pain. The pain was described as dull and aching and intermittent. The severity of pain was rated as moderate. The injured worker was diagnosed with lumbar radiculopathy, degenerative disc disease, pain in the lower back and spinal stenosis lumbar. The injured worker previously received the following treatments X-rays of the lumbar spine, MRI of the lumbar spine, Medrol dose pack, physical therapy, anti-inflammatory medication, epidural injections, intra-articular steroid injection into the right hip, muscle relaxants, Codeine, Soma, Vicodin makes the injured worker sick and rest. On January 13, 2015, the primary treating physician requested authorization for outpatient epidural steroid injection to the lumbar spine. On January 30, 2015, the Utilization Review denied authorization for outpatient epidural steroid injection to the lumbar spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural Steroid Injection to the lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: OUTPATIENT EPIDURAL STEROID INJECTION TO THE LUMBAR SPINE This patient presents with lumbar spine pain radiating to the buttocks and right leg with dysesthesia on the right foot. The treater is requesting OUTPATIENT EPIDURAL STEROID INJECTION TO THE LUMBAR SPINE. The RFA was not made available for review. The patient's date of injury is from 11/03/2014, and she is currently temporarily totally disabled. The MTUS Guidelines page 46 and 47 on epidural steroid injections states that it is recommended as an option for treatment of radicular pain, as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy in an MRI. Repeat block should be based on continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks. The 01/13/2015 report notes that the patient received an epidural steroid injection in the past; however, results of this injection were not made available. The examination shows radiation of pain from the lumbar spine to the buttocks and right leg with dysesthesia on the right foot. Straight leg raise is positive on the right. The MRI from 11/14/2014 of the lumbar spine showed mild disk degeneration with decreased disk height at L2-L3 through L4-L5 and a multilevel facet hypertrophy, a 4-mm bulging disk and hypertrophic posterior elements resulting in mild central canal narrowing at L4-L5. In this case, while the patient reports radiation of pain in the lower extremities, the MRI does not corroborate the exam findings. Furthermore, there is no documentation showing that the patient's previous ESI provided at least 50% pain relief for 6 to 8 weeks. The request IS NOT medically necessary.