

Case Number:	CM15-0029832		
Date Assigned:	02/23/2015	Date of Injury:	05/13/2014
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
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 is a 28 year old female, who sustained an industrial injury on My 13, 2014. She has reported neck pain, lower back pain and leg pain with numbness and tingling. The diagnoses have included neck sprain and lumbar spine strain/sprain. Treatment to date has included medications, physical therapy and imaging studies. A progress note dated December 23, 2014 indicates a chief complaint of continued worsening neck and lower back pain. Physical examination showed decreased range of motion of the cervical spine with muscle tightness, and decreased range of motion of the lumbar spine with tenderness and spasms. The treating physician is requesting lumbar spine epidural steroid injections. On January 27, 2015 Utilization Review denied the request for the injections citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 17, 2015, the injured worker submitted an application for IMR of a request for lumbar spine epidural steroid injections.

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 the Levels L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

Decision rationale: According to the 12/23/2014 report, this patient presents with neck pain, lower back pain and leg pain with numbness and tingling. The current request is for Lumbar Epidural Steroid Injection at the Levels L4-L5 and L5-S1. The request for authorization is not included in the file for review. The patient's work status is modified work. For lumbar ESI, MTUS guidelines state "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The medical reports provided for review indicate "positive SLR at 75 degree with L5-S1 distribution." Based on 12/18/2014 MRI report of the Lumbar Spine, the patient had a "Grade I reterolesthesi of L5 over S1. L5-S1 3.5 mm right paracentral disc protrusion with annular tear effacing thecal sac." There is no significant disc herniation, spinal canal stenosis, or neural foraminal narrowing is visualized" at the L4-L5 level. In this case, there is no documentation of previous lumbar epidural steroid injections. The treating physician documented that the patient has sensory deficit at L5/S1 distributor corroborate with MRI. However, the treating physician does not discuss L4-L5 sensory distribution and is not corroborated by imaging studies. Without an imaging study or electrodiagnostic study to corroborate radiculopathy the MTUS guideline recommendations cannot be followed. The request IS NOT medically necessary.