

Case Number:	CM15-0214244		
Date Assigned:	11/04/2015	Date of Injury:	08/24/1986
Decision Date:	12/15/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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 59 year old female who sustained an industrial injury on 08-24-1986. Medical records indicated the worker was treated for lumbar strain. In the provider notes of 08-31-2015, the worker is seen for lumbar and cervical spine complaints. She reports an increase in pain to the low back with radiation of pain down the bilateral extremities. She also continues with chronic neck pain. She has decided to proceed with an epidural steroid injection due to lower back pain that is unmanageable. She has pain with range of motion, paraspinal muscle spasms are present, and straight leg raise test is positive on the left. There is no neurological deficits identified. There is no interval change in her medications or her pain complaints. She has failed conservative treatment of physical therapy, non-steroidal anti-inflammatories, and home exercise. A MRI done 03-19-2015, shows multilevel disk protrusions and neural impingement. She had a disc protrusion in the L5-S1 with significant deterioration since MRI of 2008. A request for authorization was submitted for P2P Lumbar Epidural Steroid Injection. A utilization review decision 10-20-2015 non-approved the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any radicular findings, myotomal / dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted for this 1986 P&S injury. The P2P Lumbar Epidural Steroid Injection is not medically necessary and appropriate.