MAXIMUS Federal Services

Case Number:	CM15-0215252		
Date Assigned:	11/05/2015	Date of Injury:	05/13/2011
Decision Date:	12/16/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	11/02/2015

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: Preventive Medicine, Occupational 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 injured worker is a 47 year old female who reported an industrial injury on 5-13-2011. Her diagnoses, and or impressions, were noted to include: post-traumatic brain injury; and lumbar strain with radiculopathy. MRI of the lumbar spine was noted to be requested but no imaging studies were noted in the medical records provided. Her treatments were noted to include: diagnostic MRI; medication management with toxicology studies; and rest from work. The pain management progress notes of 5-14-2015 reported complaints which included: improved, residual low back and right leg pain, rated 8-9 out of 10, with numbness and weakness; and that she had suffered an additional fall on 8-7-2015 due to her right leg giving out, resulting in increased swelling of the right leg; and that her pain limited her activities of daily living, and caused extreme difficulty walking and getting up out of a chair. The objective findings were noted to include sensory deficits along the right lumbar 1,2,3,4 & 5, and sacral 1; that she had an extremely antalgic gait on the right, with difficulty standing on her right leg, using a cane to walk. The physician's requests for treatment were noted to include repeat lumbar epidural steroid injection to the right lumbar 5-sacral 1, under fluoroscopic imaging. No Request for Authorization was noted for right lumbar 5-sacral 1 epidural steroid injection under fluoroscopy in the medical records provided. The Utilization Review of 9-28-2015 non-certified the request for right lumbar 5-sacral 1 epidural steroid injection under fluoroscopy.

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 right L5-S1 under fluoroscopy: 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 Guidelines have very specific criteria to justify epidural injections. These criteria include a well-defined dermatomal radiculopathy with corresponding diagnostic studies. This individual is documented to have global diminished sensation in the right lower extremity and there is reported to be diminished strength over at least 2 nerve roots. No corresponding diagnostic studies (MRI or electrodiagnostic) are reported in the records reviewed. In addition, at least 1 prior epidural is reported to have been completed. The benefits of an epidural should be significant and lasting to justify a repeat epidural injection. The records reviewed did not contain any objective response that meets the Guideline criteria for repeat epidurals. Under these circumstances, the request for the Lumbar epidural steroid injection at right L5-S1 under fluoroscopy is not supported by Guidelines and is not medically necessary.