

Case Number:	CM15-0217818		
Date Assigned:	11/09/2015	Date of Injury:	02/13/2015
Decision Date:	12/23/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Pennsylvania, Ohio, 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:

This is a 33 year old female with a date of injury on 2-13-15. A review of the medical records indicates that the injured worker is undergoing treatment for a neck and lower back injury. Progress report dated 10-12-15 reports continued complaints of neck and back pain. She has completed 8 out of 12 physical therapy sessions and states the sessions have been helpful but she is still unable to tolerate exercises focused on her lower back. The lower back pain radiates down her legs with numbness and tingling, worse on the right side, rated 9 out of 10. She is agreeable to an injection since physical therapy has failed. Objective findings: lumbar spine straight leg raise is positive on right and spasm and guarding noted. Treatments include: medication and physical therapy. Current medications include: gabapentin, nabumetone relafen, orphenadrine norflex and pantoprazole protonix. Request for authorization was made for Lumbar epidural steroid injection at L4-L5, L5-S1 with Epidurogram, Fluoroscopic guidance and IV sedation, laterality not specified. Utilization review dated 10-28-15 non-certified the request.

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 L4-L5, L5-S1 with Epidurogram, Fluoroscopic guidance and IV sedation, laterality not specified: 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 recommends an epidural steroid injection for treatment of radiculopathy. This guideline supports such an injection only if there is documentation of radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of radiculopathy at the requested level. This request is not medically necessary.