

Case Number:	CM15-0221409		
Date Assigned:	11/16/2015	Date of Injury:	02/06/2014
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/10/2015

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 40 year old female who sustained an industrial injury on 2-6-2014. A review of medical records indicates the injured worker is being treated for lumbosacral spine sprain, left knee strain, and left knee medial meniscectomy. Medical record dated 9-22-2015 noted lumbar spine pain, which was not improved since the last visit. Physical examination noted range of motion to the lumbar spine was decreased in all planes with tenderness. Treatment has included Relafen, flexeril, and Norco since at least 8-25-2015. She also attended physical therapy. Utilization review dated 10-23-2015 noncertified lumbar epidural steroid injection L5- S1 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 under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: Review indicates changing and conflicting reports of symptom complaints, clinical findings, and MRI reporting. Orthopedic provider noted on 6/16/15 report of MRI showing disc changes at L5-S1; however, without herniation or significant stenosis. Report of 6/30/15 records the patient denying any symptoms of leg pain, numbness/ tingling or motor weakness noting 5/5 strength and DTRs 2+ in lower extremities. Pain management initial consult report of 10/6/16 noted patient with MRI findings of disc herniation resulting in foraminal narrowing with recommendation for lumbar epidural. 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, failed conservative treatments, 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. The Lumbar Epidural Steroid Injection under Fluoroscopy is not medically necessary and appropriate.