

Case Number:	CM15-0030101		
Date Assigned:	02/23/2015	Date of Injury:	06/08/2002
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/18/2015

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:

This 54 year old female sustained an industrial injury on 6/8/02. She subsequently reports ongoing low back pain. Diagnoses include cervical myofascial pain, cervical disc degeneration and lumbar disc degeneration. Treatments to date have included prescription pain medications. On 1/13/15, Utilization Review non-certified a request for Lumbar Epidural Steroid Injection for L5-S1 Spine. The Lumbar Epidural Steroid Injection for L5-S1 Spine was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection for L5-S1 Spine: 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: The patient presents with a flare up in her low back causing chronic pain. The request is for LUMBAR EPIDURAL STEROID L5-S1 SPINE. Patient's diagnosis per RFA

dated 01/05/15 included lumbar disc degeneration, cervical disc degeneration and myofascial pain. Per the treater report dated 11/04/14, physical examination revealed decreased sensation in Right L4, L5, and S1 distributions and decreased muscle strength of 4/5 EHL on the right. Patient has an antalgic gait and a positive SLR on the Right. Patient's medications include Robaxin and Nexium. Work status is unavailable. MTUS has the following regarding ESIs, under its chronic pain section: Page 46, 47: "Criteria for the use of Epidural steroid injections: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 8) Current research does not support a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections." Per progress report dated 11/04/14, treater states " Requesting a lumbar epidural steroid injection at the L5-S1 level. She meets the criteria, has symptomatic findings, has physical findings and has had an imaging study in the past that shows lumbar degenerative changes." In this case, treater references a past MRI, however it has not been provided. No other electrodiagnostic or imaging studies were provided or discussed. MTUS requires corroboration of findings with imaging studies that support a diagnosis of radiculopathy. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.