

Case Number:	CM15-0032109		
Date Assigned:	02/25/2015	Date of Injury:	09/11/2012
Decision Date:	05/04/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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 54-year-old female, who sustained an industrial injury on 9/11/2012. She has reported pain in bilateral upper extremities and back. The diagnoses have included bilateral carpal tunnel syndrome status post bilateral carpal tunnel release, lumbar disc degeneration, myofascial tender point, chronic low back pain and sleep disturbance. Treatment to date has included medication, physical therapy, and acupuncture treatments. Currently, the IW complains of low back pain with increased symptoms radiating to bilateral lower extremities associated with pain, numbness, and tingling. The physical examination from 12/1/14 documented moderate tenderness, decreased Range of Motion (ROM), of lumbar spine, sciatic nerves bilaterally and sacroiliac joints. Straight leg raise test was positive bilaterally. The plan of care included epidural steroid injections and medications. On 2/10/2015 Utilization Review non-certified a Magnetic Resonance Imaging (MRI) of the thoracic spine and L4-L5 epidural steroid injection under fluoroscopic guidance, noting the documentation did not support medical necessity. The MTUS Guidelines were cited. On 2/19/2015, the injured worker submitted an application for IMR for review of L4-L5 epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 epidural steroid injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: This patient presents with chronic low back pain that radiates into the buttocks and down bilateral legs. The current request is for L4-L5 epidural steroid injection under fluoroscopic guidance. Request for Authorization (RFA) is dated 12/2/15. MRI of the lumbar spine dated 5/20/12 revealed at the L4-5 level "mild diffuse annular bulge. There is a small right posterior-lateral annular tear which is lateral to the neural foramen. There is moderate bilateral facet hypertrophy and mild ligamentum flavum thickening. There is mild narrowing of both inferior neural foramina." The MTUS Guidelines has the following regarding epidural steroid injection under its chronic pain section, pages 46 and 47, "Recommended as an option for treatment for radicular pain defined as pain in the dermatomal distribution with corroborative findings of radiculopathy." There is no indication of prior epidural injections. This patient presents with radicular symptoms; however, the MRI findings do not corroborate the patient's lower extremity complaints. There was no documentation of significant herniation or stenosis, as required by MTUS for the consideration of an epidural steroid injection. This request is not medically necessary.