

Case Number:	CM15-0036409		
Date Assigned:	03/04/2015	Date of Injury:	12/23/2011
Decision Date:	04/10/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona
 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 33-year-old female who reported and injury on 12/23/2011 and the mechanism of injury is not documented. The injured workers diagnoses are sprain/strain of the lumbar spine with S1 radiculopathy, sprain/strain cervical spine with muscle guarding and L5-S1 central left paracentral posterior disc protrusion of 4.1 mm. The documentation stated the injured worker has received chiropractic care, physiotherapy and acupuncture. There is no surgical history provided. There was an unofficial MRI documented on 04/26/2012 that shows central left paracentral posterior disc protrusion of 4.1 mm. The evaluation dated 02/04/2015 stated the injured worker complained of pain, which was 9/10 in severity. The injured worker was not on medication, secondary to breastfeeding. The physical exam stated the injured worker's lumbar range of motion was forward flexion to 30 degrees, extension to 10 degrees, right lateral flexion to 15 degrees and left lateral flexion to 15 degrees. There was tenderness to palpation over the spinous processes at L4-L5 and positive straight leg raise bilaterally. The injured worker was to return to work with restrictions. The request for authorization was LESI to L5-S1 for lumbar sprain/strain with S1 radiculopathy on 02/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The request for epidural injections is not medically necessary. The California MTUS guidelines state that radiculopathy must be documented by physical exam and corroborated by imaging studies and /or electrodiagnostic testing and unresponsive to conservative treatment. The injured worker does have pain rated at a 9/10 and has a decrease in lumbar range of motion. The injured worker was diagnosed with radiculopathy at the S1 level and had a positive straight leg raise. However, the injured worker does not have any other objective findings such as, decreased sensation, weakness or diminished deep tendon reflexes. There is also no documentation of the injured worker failing previous conservative care. Therefore, the request for lumbar epidural steroid injection L5-S1 is not medically necessary.