

Case Number:	CM15-0036420		
Date Assigned:	03/04/2015	Date of Injury:	09/26/1998
Decision Date:	04/08/2015	UR Denial Date:	02/05/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 reported a work-related injury on 09/26/1998. According to the progress note dated 1/13/15, the injured worker (IW) reports severe low back pain radiating into the bilateral buttocks, thigh, hip and leg. The IW was diagnosed with lumbar radiculitis, lumbar spondylosis and chronic pain syndrome. Previous treatments include medications and surgery. The treating provider requests transforaminal epidural steroid injection at L4 with fluoroscopy, transforaminal epidural steroid injection at L5 with fluoroscopy and acupuncture of the lumbar spine. The Utilization Review (UR) on 02/05/2015 non-certified the request for transforaminal epidural steroid injection at L4 with fluoroscopy, transforaminal epidural steroid injection at L5 with fluoroscopy and acupuncture of the lumbar spine, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection L4 with fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included lumbar spine surgery in 2006. When seen by the requesting provider there was positive straight leg raising and an antalgic gait. An MRI of the lumbar spine is referenced as showing disc protrusions without reported evidence of neural compromise. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no identified neural compression or compromise by imaging that would corroborate a diagnosis of radiculopathy. Therefore, the requested lumbar epidural steroid injection is not medically necessary.

Transforaminal epidural steroid injection L5 with fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Criteria for the use of Epidural steroid injections, p46 Page(s): 46.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included lumbar spine surgery in 2006. When seen by the requesting provider there was positive straight leg raising and an antalgic gait. An MRI of the lumbar spine is referenced as showing disc protrusions without reported evidence of neural compromise. Criteria for the use of an epidural steroid injection include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is no identified neural compression or compromise by imaging that would corroborate a diagnosis of radiculopathy. Therefore, the requested lumbar epidural steroid injection is not medically necessary.

Acupuncture lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic radiating low back pain. Treatments have included lumbar spine surgery in 2006. When seen by the requesting provider there was positive straight leg raising and an antalgic gait. An MRI of the lumbar spine is referenced as showing disc protrusions without reported evidence of neural compromise. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of and frequency of treatment was not specified. The requested acupuncture treatments were not medically necessary.