

Case Number:	CM15-0037410		
Date Assigned:	03/05/2015	Date of Injury:	04/03/2014
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49 year old female, who sustained an industrial injury on 04/03/2014. The diagnoses have included lumbar sprain/strain, right lower extremity radicular symptoms, and slight impaired gait secondary to lower back pain. Noted treatments to date have included physical therapy and medications. No MRI report noted in received medical records. In a progress note dated 10/07/2014, the injured worker presented with complaints of lower back pain. The treating physician reported requesting an authorization for a consultation for possible lumbar spine epidural steroid injections. Utilization Review determination on 02/19/2015 modified the request for Right L4-5 and L5-S1 Epidural Steroid Injection to Right L4-5 Epidural Steroid Injection citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 ESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." The patient has failed physical therapy. Electrodiagnostic studies on 10/7/14 were unremarkable. MRI was reported as showing neurocompression at L4, however the report is not available in the records. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. The previous UR modified the request to allow for injection of L4-5. As such, the request for Right L4-L5 and L5-S1 ESI is not medically necessary.