

Case Number:	CM15-0038487		
Date Assigned:	03/09/2015	Date of Injury:	10/29/2013
Decision Date:	04/16/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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, Hawaii
 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 50 year old female, who sustained an industrial injury on 10/29/2013. The mechanism of injury was not provided for review. Diagnoses include cervical sprain/strain with radicular complaints, lumbar sprain/strain with radicular complaints and lumbar 4-5 disc bulge and right finger laceration. Treatments included in the documentation to date include physical therapy and medication management. A progress note from the treating provider dated 1/21/2015 indicates the injured worker reported intermittent low back pain that traveled down bilateral lower extremities. Treatment plan included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7: Independent Medical Examinations and Consultations.

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

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Lumbar Epidural Steroid Injection. The treating physician states, "I would also like to request extension of authorization for pain management consultation for possible single lumbar spine epidural steroid injection." (14B) The primary treating physician goes on to state that the patient is having radicular symptoms like tingling and numbness and that the pain is getting worse, despite other treatments. MRI reveals L4-L5 has a 2-3mm disc bulge and physical findings reveal tenderness to palpation and muscle spasms. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has documented complaints of radicular pain and that the patient has been unresponsive to treatment. The documentation provided does not indicate that the patient has had a prior ESI. However, the treating physician has not documented the level the ESI is to be performed, and there are no physical examination findings to support radiculopathy. The current request is not medically necessary and the recommendation is for denial.