

Case Number:	CM15-0039479		
Date Assigned:	03/10/2015	Date of Injury:	10/24/2007
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Emergency Medicine

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 (IW) is a 61-year-old female, who sustained an industrial injury on 10/24/2007. She reported low back pain and bilateral lower limb pain. The injured worker was diagnosed as having low back pain, neck pain, midback pain, and neuropathic pain. Treatments to date have included epidural steroid injections, facet injections, and oral narcotic and non-narcotic pain medications plus medication monitoring. A MRI of 04/23/2010 showed L4-5 stenosis with narrowing of the facets, also noted at the L5-S1 levels. She has been treated with epidural steroid injections, and as of November 5, 2012 was taking up to 10 mg of Methadone and two tablets of Vicodin. In the note of 1/23/2015, she is noted to now be on Methadone 5mg daily, Gabapentin 1200 mg three times daily, Omeprazole 20 mg daily, and Simvastatin 40 mg daily. Currently, (01/28/2015) the injured worker complains of severe back pain. Objectively she has lumbar spine tenderness, her gait is antalgic and she has increased pelvic tilt to the left. There is positive cervical and thoracic tenderness and tenderness to palpation. There is right tensor fasciae latae allodynia. Treatment plans include the oral medications of Nabumetone, Gabapentin, and Duloxetine with narcotic management through a pain management consultant. A Lumbar/Sacral Epidural Steroid Injection is planned pending approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar/Sacral Epidural Steroid Injection, level not specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 46, Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The requested Lumbar/Sacral Epidural Steroid Injection, level not specified, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has low back pain and bilateral lower limb pain. The treating physician has documented lumbar spine tenderness, her gait is antalgic and she has increased pelvic tilt to the left. There is positive cervical and thoracic tenderness and tenderness to palpation. There is right tensor fasciae latae allodynia. The treating physician has not documented the requested spinal level nor imaging evidence of radiculopathy at a requested level. The criteria noted above not having been met, Lumbar/Sacral Epidural Steroid Injection, level not specified is not medically necessary.