

Case Number:	CM15-0040495		
Date Assigned:	03/10/2015	Date of Injury:	02/18/2000
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
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, Washington

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:

The injured worker is a 51-year-old female who reported an injury on 02/18/2000. The mechanism of injury was not stated. The current diagnoses include degenerative of lumbar or lumbosacral intervertebral disc and low back pain. The injured worker presented on 02/12/2015 for a follow-up evaluation with complaints of persistent low back pain. It was noted that the injured worker was status post a left carpal tunnel release in 08/2013. A previous MRI reportedly revealed significant anterolisthesis of L2-3 with marked degeneration and endplate changes. The injured worker as utilizing Lidoderm 5% patch, Lyrica, MS-Contin, omeprazole, prednisone, Topamax, Vicoprofen, and Voltaren 1% topical gel. Upon examination, there was arthralgia/joint pain in the left leg/hip, as well as low back pain. Recommendations included an epidural steroid injection. 6 sessions of aquatic rehabilitation was also recommended. A Request for Authorization form was then submitted on 02/25/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3 transforaminal epidural steroid injection: Upheld

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

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

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no evidence of lumbar radiculopathy upon examination. The injured worker was pending a short course of aquatic rehabilitation. There was no mention of an exhaustion of conservative treatment in the form of exercise and physical methods. Given the above, the request is not medically necessary.