

Case Number:	CM15-0040916		
Date Assigned:	03/11/2015	Date of Injury:	01/20/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a 28 year old female, who sustained an industrial injury on 1/20/14. She reported low back pain. The injured worker was diagnosed as having sacroiliitis, lumbar sacral radiculitis, lumbar sprain/strain, low back pain and chronic pain syndrome. Treatment to date has included oral medications, acupuncture, chiropractic treatment and physical therapy. Currently, the injured worker complains of moderate to severe back pain with radiation to right ankle, right calf, right foot and right thigh. Upon physical exam posterior tenderness of lumbar spine is noted on palpation with decreased mobility. The treatment plan consisted of 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 to the paramedian right side: 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 Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural Steroid Injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L4-L5 paramedian right side are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are sacroiliitis; lumbosacral radiculitis; lumbar sprain or strain; low back pain; chronic pain syndrome; degenerative disc disease lumbar; spondylosis without myelopathy lumbar; myalgia and myositis; and chronic pain due to trauma. Documentation indicates the injured worker had an MRI of the lumbar spine that showed desiccation of the L4 - L5 into vertebral disc with mild mixed type I and II degenerative endplate changes. There was no focal disc protrusion, central canal or foraminal stenosis. Subjectively, pursuant to a January 19, 2015 progress note; injured worker complained of low back pain that radiated to the right ankle, right foot, right calf and thigh. Objectively, there were no objective neurologic findings indicative of radiculopathy. Motor and sensory examination was normal. Consequently, absent clinical documentation with objective findings of radiculopathy and non-corroborative MRI findings, epidural steroid injection at L4 - L5 paramedian right side is not medically necessary.