

Case Number:	CM15-0046573		
Date Assigned:	03/19/2015	Date of Injury:	03/08/2001
Decision Date:	04/24/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 69 year old female, who sustained an industrial injury on 3/8/01. The injured worker has complaints of low back pain as well as bilateral posterior thigh pain. The documentation noted that she is status post placement of left sacroiliac screw for zone 11 sacral fracture. Examination on 1/8/15 noted that she had painless range of motion of both hips and was diffusely tender over the left S1 joint. The impression included left sided zone 11 sacral fracture status post S1 joint screw and lumbar stenosis. Magnetic Resonance Imaging (MRI) was consistent with moderate to severe underlying lumbar stenosis with foraminal narrowing. The documentation on 1/20/15 noted that the injured worker only takes ibuprofen as needed and takes it rarely and does occasionally request epidural steroids which have given her good relief over the past and keep her from needing any further medications. The documentation noted that she definitely has discogenic disease and she obviously has had some nerve damage over the period of time of having the nerve roots being hit at L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient epidural steroid injection (ESI) at L5-S1 and L4-L5 to be done in 2 visits at an outpatient facility under fluoroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. She was treated with conservative therapy without full control of the patient pain. Documentation does not contain objective findings on exam to support the presence of radiculopathy: strength, sensation, and reflexes are noted to be intact. There is no documentation that the patient has sustained pain relief from a previous use of steroid epidural injection. There is no documentation of functional improvement and reduction in pain medication use. Furthermore, MTUS guidelines do not recommend epidural injections for back pain without radiculopathy (309). The patient did not fulfill criteria. Therefore, the request for Outpatient epidural steroid injection at L5-S1 and L4-L5 to be done in 2 visits under fluoroscopy is not medically necessary.