

Case Number:	CM15-0053091		
Date Assigned:	03/26/2015	Date of Injury:	01/13/2013
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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: 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 60 year old female who sustained an industrial injury on 01/13/2013. Current diagnoses include shoulder sprain, rotator cuff tear, ankle sprain/strain, and radiculopathy to lumbar spine. Previous treatments included medication management, shoulder surgeries, and physical therapy. Previous diagnostic studies included EMG/NCV study, and MRI of the lumbar spine. Report dated 02/17/2015 noted that the injured worker presented with complaints that included low back pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included follow-up with podiatrist, medications, and request lumbar epidural steroid injection. Of note much of the information provided in this report was not legible due to handwriting. Disputed treatment includes Epidural Steroid Injection (Lumbar) L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection (Lumbar) L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46 of 127.

Decision rationale: Regarding the request for Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Within the documentation available for review, there are no recent subjective, objective, and imaging/electrodiagnostic findings corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested Lumbar epidural steroid injection is not medically necessary.