

Case Number:	CM15-0060616		
Date Assigned:	04/06/2015	Date of Injury:	08/02/1988
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 61 year old female who sustained an industrial injury on August 2, 1988. The injured worker was diagnosed with multi-level lumbar disc herniation, lumbar facet hypertrophy, lumbar radiculopathy and recurrent severe flare ups. The injured worker is status post lumbar laminectomy L5-S1 (no date documented). Treatment to date has included physical therapy, acupuncture therapy, Interferential unit; diagnostic testing with the latest magnetic resonance imaging (MRI) of the lumbar spine dated January 10, 2015 and medications. According to the primary treating physician's progress report on March 6, 2015 the injured worker continues to experience low back pain with radiculopathy. Examination of the lumbar spine demonstrated tenderness over the paraspinal muscle and bilateral gluteus region predominantly on the left side. The lumbar range of motion is decreased in all planes with spasm and guarding. The injured worker has decreased motor and sensory deficits with positive straight leg raise test bilaterally. Current medications are listed as Norco and Gabapentin. Treatment plan consists of current medication regimen and the request for a bilateral lumbar epidural steroid injection (ESI) at L3-4 and L4-5 for the current flare up of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection at L3-4 and L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. In particular, there is no documentation how the levels for injection were chosen, Bilateral lumbar epidural steroid injection at L3-4 and L4-5 is not medically necessary.