

Case Number:	CM15-0061884		
Date Assigned:	04/07/2015	Date of Injury:	04/15/2012
Decision Date:	05/07/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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 24-year-old female, who sustained an industrial injury on April 15, 2012, after falling and hitting her head. She was diagnosed with cervical disc protrusion with radiculopathy, and lumbar radiculopathy secondary to disc protrusion. Treatment included physical therapy, lumbar support, anti-inflammatory drugs, and pain medications. Currently, the injured worker complained of low back pain with right leg pain. The treatment plan that was requested for authorization included a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

EPIDURAL INJECTION ON THE RIGHT AT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines STEROID INJECTIONS.

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 injection right L5-S1 is 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 electro diagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory 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 lumbar radiculopathy secondary to lumbar disc protrusion; and cervical disc protrusion C-5 - C6 and C6 - C7 levels. The documentation does not contain objective evidence of radiculopathy. The neurologic evaluation does not contain any significant abnormalities. An EMG was performed of the lower extremities that did not show signs of radiculopathy. An MRI did not show for a foraminal stenosis or compression of the nerve roots. Additionally, according to the utilization review, the lumbar spine was not an accepted body part. Consequently, absent clinical documentation with objective evidence of radiculopathy, MRI and EMG corroboration of radiculopathy, epidural steroid injection right L5 - S1 is not medically necessary