MAXIMUS Federal Services

Case Number:	CM15-0083599		
Date Assigned:	05/05/2015	Date of Injury:	01/06/2012
Decision Date:	06/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female, who sustained an industrial injury on 1/6/2012. She reported progressive pain in her lower back, neck, right arm and leg. Diagnoses have included shoulder strain, cervical herniated nucleus pulposus (HNP) C4/5 and C5/5 and degenerative disc disease with bulge L3-S1. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, magnetic resonance imaging (MRI), cervical surgery and medication. According to the progress report dated 4/1/2015, the injured worker complained of low back pain radiating to both legs rated 8/10 without medications. She complained of neck pain rated 3/10 without medications and 1/10 with medications. She was not currently working. Objective findings revealed positive straight-leg raise and bowstring bilaterally. There was positive lumbar tenderness and decreased range of motion. Cervical range of motion was decreased. Authorization was requested for 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 X 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46-47.

Decision rationale: The patient was injured on 01/06/12 and presents with neck pain and low back pain which radiates to both legs. The request is for a lumbar spine epidural steroid injection x 1 (level not indicated). There is no RFA provided and the patient is on temporary total disability. In regards to epidural steroid injections, MTUS page 46-47 has the following criteria under its chronic pain section: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." The patient has a positive straight-leg raise and bowstring bilaterally, positive lumbar tenderness, and a decreased lumbar spine range of motion. She is diagnosed with shoulder strain, DDD with bulge L3-S1, cervical HNP C4/5 and C5/6 S/P ACDF C4/5 and C5/6 on 08/07/14. The reason for the request is not provided. Review of the reports does not indicate if the patient had a prior ESI of the lumbar spine. The 01/02/15 MRI of the lumbar spine revealed DDD with bulge L3/4, L4/5, and L5/S1. MRI does not show any pathologies consistent with potential nerve root lesion. In the absence of a clear dermatomal distribution of pain corroborated by imaging, ESI is not indicated. Furthermore, the levels for which this injection is to occur at is not mentioned. The requested lumbar spine epidural steroid injection is not medically reasonable, medically necessary and appropriate.