

Case Number:	CM15-0086235		
Date Assigned:	05/08/2015	Date of Injury:	01/20/2015
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/05/2015

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: Florida
 Certification(s)/Specialty: Neurology, 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 48 year old female, who sustained an industrial injury on 1/20/2015. The current diagnoses are lumbosacral radiculitis/radiculopathy and myofascial pain. According to the progress report dated 3/19/2015, the injured worker complains of low back pain with radiation into the left buttocks and left leg with associated numbness and tingling. The pain is characterized as sharp and shooting. The pain is rated 7/10 on a subjective pain scale. The physical examination of the lumbar spine reveals multiple paraspinal tender points and trigger points, limited and painful range of motion, and reduced sensation in the left L5-S1 dermatome to light touch and pinprick. The current medications are Acetaminophen, Nabumetone, and Cyclobenzaprine. Treatment to date has included medication management, x-rays, back brace, light duty, physical therapy, home exercise program, chiropractic, and MRI studies. The plan of care includes lumbar epidural steroid injection L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injection

Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back procedure, ESI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, ESI.

Decision rationale: ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment. The medical records indicate physical findings consistent with radiculopathy. The sensory changes noted are in a dermatomal pattern but there is no corroboration by neuroimaging. As such the medical records do not support the use of ESI congruent with ODG guidelines. The request is not medically necessary.