

Case Number:	CM13-0041996		
Date Assigned:	12/20/2013	Date of Injury:	09/23/2007
Decision Date:	11/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who sustained an injury on September 23, 2007 and cumulative trauma from June 19, 2011 to June 19, 2012. She is diagnosed with (a) lumbar spine sprain/strain with right lower extremity radiculopathy, right sacroiliac joint arthropathy, multilevel disc bulge L1-S1, 3 mm disc protrusion L1-2; (b) cervical spine sprain/strain with right upper extremity radiculopathy; and (c) psych and sleep complaints. She was seen on October 15, 2013 for an evaluation. She complained of low back pain with radiation to the right lower extremity. The pain was increased with bending, twisting, and sitting. An examination of the lumbar spine revealed tenderness over the paravertebral musculatures, lumbosacral junction, and over the right sacroiliac joint. Straight leg raising test was positive and elicited pain in the right lower extremity. Sensation was decreased over the right L5 dermatome. Range of motion was decreased and painful in all planes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4-L5, L5-S1 EPIDURAL STEROID INJECTION: 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 Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for right L4-L5 and L5-S1 epidural steroid injection is not medically necessary at this time. Review of medical records dated September 5, 2013 revealed that medications remained effective as it increased the injured worker's ability to function and perform activities of daily living. Guidelines stated that an epidural steroid injection is indicated if there was documentation of failure of conservative treatment. As there was a mention that medications still provide pain relief and increased function, the request for right L4-L5 and L5-S1 epidural steroid injection is not medically appropriate at this time.