

Case Number:	CM14-0090674		
Date Assigned:	07/23/2014	Date of Injury:	09/06/2001
Decision Date:	09/25/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/16/2014

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 Internal Medicine 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 57 year old female who was injured on 09/06/01 when she slipped and fell. The injured worker complains of low back pain radiating into the bilateral lower extremities, right greater than left and is diagnosed with lumbar sprain. Of note, the injured worker's pertinent surgical history includes right knee surgery performed 02/25/08 and four left knee surgeries to include a total knee arthroplasty performed 10/01/12. The injured worker is noted to weigh 324 pounds. Records indicate treatment for low back complaints has consisted of physical therapy, aqua therapy, neurostimulation, acupuncture treatment, chiropractic care and medication management. Medications include Tizanidine, Tramadol, Norco, Gabapentin and Prozac. Agreed Medical Evaluation dated 02/10/14 states the injured worker's most recent MRI of the lumbar spine was normal. This evaluation states the injured worker's morbid obesity is most likely the cause of her myofascial low back pain. Physical examination dated 05/20/14 notes positive SLR bilaterally at 40 degrees, decreased sensation to touch in the L4-5 distribution in the right lower extremity and diminished bilaterally. Physical examination dated 05/27/14 reveals no diminished reflexes or sensation about the lower extremities. The most recent MRI is dated 07/09/12 and a normal study with no abnormality detected. This is a request for a right L4-5 ESI. A utilization review dated 06/06/14 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right L4-5 Lumbar epidural steroid injection, interlaminar approach using fluoroscopy:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines supports the use of ESIs when certain criteria are met. These criteria included documented failure to respond to conservative treatment and evidence of an active radiculopathy which should be documented upon physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Records indicate the injured worker has participated in multiple courses of various treatment; however, recent treatment records are not submitted for review. As such, the injured worker's response to administered conservative treatment is not revealed. Physical examinations submitted for review do not consistently demonstrate evidence of an active radiculopathy. The MRI of the lumbar spine submitted for review is reported as a normal study with no abnormalities noted. Based on the clinical information provided, medical necessity of one right L4-5 lumbar epidural steroid injection, interlaminar approach using fluoroscopy is not established and therefore not medically necessary.