

Case Number:	CM14-0212288		
Date Assigned:	01/02/2015	Date of Injury:	07/29/2009
Decision Date:	02/19/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 & Rehabn

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 patient is a 32 year-old female with a 7/28/2009 date of injury. According to the 11/10/14 pain management report, the patient presents with bilateral shoulder, arm, elbow, wrist, hand, pain with low back pain with radiation down the left leg. SLR is positive in the seated position on the left. The physician reviews the x-rays and MRI and requests a lumbar ESI. There are no MRI reports or electrodiagnostic studies provided for this review. On 11/21/2014 utilization review went over an 11/10/14 request for a lumbar ESI and denied an L4/5 lumbar ESI because the reviewer did not see evidence of radiculopathy on physical examination. The 11/10/14 medical reports were not provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46-47.

Decision rationale: The review is for a lumbar epidural steroid injection at L4-5. The 11/10/14 medical report discusses a positive straight leg raises (SLR) for pain down the left leg, but there is no specific dermatomal distribution described. There are no MRI or electrodiagnostic studies provided for this review. MTUS Chronic Pain Treatment Guidelines, section on Epidural Steroid Injections (ESIs), page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." The MTUS Criteria for the use of epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The MTUS criteria for radiculopathy and ESI have not been met as there are no MRI or electrodiagnostic studies to support a diagnosis of radiculopathy. Therefore, this request is not medically necessary.