

Case Number:	CM14-0218845		
Date Assigned:	01/08/2015	Date of Injury:	07/26/2005
Decision Date:	03/12/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
 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 an 82 year old female who suffered an unknown work related injury on 07/26/05. Diagnoses include lumbosacral spondylosis without myelopathy, lumbago, sciatica, and injury to lumbar nerve root. Per the physician note dated 11/26/14, the injured worker reported severe pain in her lower back. It was noted that the injured worker suffered a spontaneous T11 vertebral body compression fracture in 10/2014. The injured worker was wheelchair bound and unable to perform range of motion exercises due to the inability to stand. There was noted significant asymmetry in the deep tendon reflexed decreases on the right at both the knee and ankle with moderate right leg weakness. Marked mid-thoracic percussive tenderness was noted. Recommended treatment was a Lumbar ESI. A Request for Authorization Form was then submitted on 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural injection at L5-S1: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend epidural steroid injection as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. According to the documentation provided, the injured worker demonstrated diminished range of motion with moderate tenderness and marked right leg weakness. It is noted that the injured worker underwent an epidural steroid injection on 07/16/2014. There was no documentation of objective functional improvement. As such, the current request cannot be determined as medically appropriate in this case.