

Case Number:	CM15-0002557		
Date Assigned:	01/13/2015	Date of Injury:	01/09/2009
Decision Date:	03/09/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 71 year old female, who sustained an industrial injury on 01/09/2009. The diagnoses have included degenerative disk disease and lumbar stenosis. Treatments to date have included stretching and medications. Diagnostics to date have included lumbar spine MRI on 10/13/2014 which showed L4-5 grade 1 anterolisthesis of L4 secondary to facet arthrosis, mild to moderate bilateral foraminal stenosis, and mild central canal stenosis and L2-3 and L3-4 mild left foraminal stenosis. In a progress note dated 12/12/2014, the treating physician reported no changes to injured worker's status and recommended lumbar epidural steroid injections. The decision for an epidural injection was initially considered in October 2014 based on future "MRI findings." Utilization Review determination on 12/22/2014 non-certified the request for Epidural of Left Lumbar L2-3, Epidural of Left Lumbar L3-4, and Epidural of Left Lumbar L4-5 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural at left lumbar L2-3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case the MRI findings did not show a herniated nucleus pulposis. Other reasons for performing an epidural injection do not support an indication for the claimant. The request, therefore, for a lumbar epidural steroid injections for L2-L3 is not medically necessary.

Epidural at left lumbar L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case the MRI findings did not show a herniated nucleus pulposis. Other reasons for performing an epidural injection do not support an indication for the claimant. The request, therefore, for a lumbar epidural steroid injections for L3-L4 is not medically necessary.

Epidural at left lumbar L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposis. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case the MRI findings did not show a herniated nucleus pulposis. Other reasons for performing an epidural injection do not support an indication for the claimant. The request, therefore, for a lumbar epidural steroid injections for L4-L5 is not medically necessary.