

Case Number:	CM15-0005398		
Date Assigned:	01/16/2015	Date of Injury:	04/07/2014
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/10/2015

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: California

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 a 50-year-old female who reported injury on 04/07/2014. The mechanism of injury was not clearly provided. There were no relevant surgeries included in the documentation. The injured worker's diagnoses included cervical and lumbosacral sprain/strain, myofascial pain syndrome, and possible cervical radiculopathy versus peripheral neuropathy. The injured worker's past medical treatments included acupuncture and medications. Her diagnostic studies included an MRI of the lumbar spine without contrast, which was noted to reveal very mild subligamentous bulge identified at the L4-5 level. It caused mild central canal stenosis. There was bilateral neural foraminal narrowing due to a combination of discogenic change as well as facet osteoarthritis. On 11/24/2014, the patient reported a lot of pain and discomfort. Upon physical examination, the patient was noted with normal gait and no assistive devices used for balance and ambulation. There was tenderness to palpation with myofascial tightness noted to the lumbosacral region. The injured worker was noted with painful range of motion at the lumbar spine. Musculoskeletal strength was equal in bilateral lower extremities. The injured worker's medications were not provided in the clinical note. The request was for a lumbar epidural steroid injection x1. The rationale for the request was not clearly provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection x 1: Upheld

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

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

Decision rationale: The request for lumbar epidural steroid injection x1 is not medically necessary. According to the California MTUS Guidelines, the criteria to meet for epidural steroid injection includes documented radiculopathy upon physical examination corroborated by imaging studies and/or electrodiagnostic testing, documented evidence of tried and failed conservative treatment (to include physical therapy, home exercise program, and medications), and an injection should be performed using fluoroscopy for guidance. The submitted documentation did not provide sufficient evidence of significant objective neurological deficits to indicate radiculopathy upon physical examination. Furthermore, the documentation did not provide sufficient evidence of tried and failed conservative care. In the absence of documentation with sufficient evidence of significant objective neurological deficits with physical examination, and tried and failed conservative care, the request is not supported. Additionally, as the request was written, the specific level to be injected was not clarified in the use of fluoroscopy for guidance. Therefore, the request is not medically necessary.