

Case Number:	CM15-0010761		
Date Assigned:	01/28/2015	Date of Injury:	06/08/2009
Decision Date:	03/18/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York
Certification(s)/Specialty: Internal Medicine

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 48 year old female, who sustained an industrial injury on 1/11/12. She has reported pain on low back. The diagnoses have included lumbago, lumbar radiculopathy and myofascial pain. Treatment to date has included MRI of the spine and oral medications. As of the PR2 dated 12/02/14, the treating physician indicated that the injured workers posture and ambulation were unchanged and noted tenderness of the cervical spine. The treating physician requested a lumbar epidural steroid injection, level unspecified. On 1/13/15 Utilization Review non-certified a request of lumbar epidural steroid injection, level unspecified. The utilization review physician cited the MTUS guidelines for epidural injections, specifically, failure of conservative treatments including physical therapy. On 1/20/15, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection, level unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, level(s) unspecified: Upheld

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

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

Decision rationale: Per California MTUS Treatment Guidelines there is no long term benefit to epidural steroid injection therapy. Per the reviewed documentation the claimant has not undergone any trial of physical therapy. In addition, the radiculopathy present on exam has not been corroborated by imaging studies and/or electrodiagnostic testing. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.