

Case Number:	CM15-0012679		
Date Assigned:	01/30/2015	Date of Injury:	08/15/2014
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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, 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 a 59-year-old female who reported an injury on 08/15/2014 due to an unspecified mechanism of injury. An MRI of the lumbar spine, dated 10/10/2014, showed mild bilateral narrowing of the neural foramina at the L4-5 level due to disc protrusion and degenerative thickening of the ligamentum flavum and bilateral degenerative change to the facet joints from L3-5 down to L5-S1. On 12/22/2014, the injured worker presented for a followup evaluation regarding her work related injury. She reported pain in the low back. A physical examination of the back showed that she had antalgic gait and range of motion was significantly diminished in all directions with end range pain. There was severe bilateral lumbar paraspinous SIJ tenderness, right greater than the left, and a positive straight leg raise on the left and cross positive side. Examination of the extremities showed sensory and motor were grossly intact in the bilateral upper and lower extremities with no clubbing edema or rash. She was diagnosed with spondylosis without myelopathy on the left, spinal stenosis on the left, and sacroiliac sprain and strain. The treatment plan was for a lumbar epidural steroid injection at the L4-5 under fluoroscopy. The rationale for treatment was to attempt and alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections at L4-5 under Fluoroscopy: Upheld

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

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

Decision rationale: Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. The California MTUS Guidelines indicate that epidural steroid injections should be performed using fluoroscopic guidance and only when there is evidence of radiculopathy by examination and imaging studies and/or electrodiagnostic testing. There should also be documentation of failure of recommend conservative treatment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation to support the medical necessity of an epidural steroid injection at this time. There is a lack of evidence showing that injured worker has tried and failed all recommended conservative therapy options to support the request for an epidural steroid injection at the requested level. Therefore, the request is not supported. As such, the request is not medically necessary.