

Case Number:	CM15-0013261		
Date Assigned:	01/30/2015	Date of Injury:	09/27/2013
Decision Date:	03/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/23/2015

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: Utah, Arkansas
 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 50 year old female, who sustained an industrial injury on September 27, 2013. She has reported a cumulative injury to the neck, shoulders, back, hips and lower extremities. The diagnoses have included lumbago and other unspecified back disorder. Treatment to date has included trigger point injections and pain medication. Currently, the injured worker complains of mid back pain, low back pain with radiation to the lower extremities and left hip pain. She rates her pain a 7 on a 10-point scale. The pain is constant, burning and shooting pain. Rest relieves the pain and physical activity exacerbates the pain. On examination her lumbar spine is tender to palpation over the lumbar spinous process and interspaces L3-S1 and a palpation of the bilateral sacroiliac joint reveals right and left-sided pain. An MRI of the lumbar spine demonstrated mild degenerative changes of the lumbar spine. On January 9, 2015 Utilization Review non-certified a request for lumbar epidural steroid injection at L4-5 and L5-S1, noting that the imaging did not corroborate radiculopathy. The California Medical Treatment Utilization Schedule was cited. On January 23, 2015, the injured worker submitted an application for IMR for review of lumbar epidural steroid injection at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Pages 308-310.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a Lumbar Epidural Steroid Injection. MTUS guidelines state the following: Epidural corticosteroid injections for radicular pain, to avoid surgery. It is not recommended in back pain without radiculopathy. There documents state that the lower extremity neurological exam is normal. There is no report of radiculopathy. According to the clinical documentation provided and current MTUS guidelines; an injection is not indicated as a medical necessity to the patient at this time.