MAXIMUS Federal Services

Case Number:	CM15-0013657		
Date Assigned:	02/02/2015	Date of Injury:	01/18/2013
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
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: 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 30-year-old female with a reported date of injury on 01/18/2013. The mechanism of injury is not provided for review. Diagnoses include left lumbosacral sprain/strain and lumbosacral radiculopathy. The injured worker's treatments to date have included electroacupuncture and medication. The clinical note dated 12/17/2014, noted the injured worker was being seen for comprehensive examination. At that time, it was noted the injured worker was still having pain and discomfort. On physical examination of the lumbar spine, the injured worker was noted to have lumbosacral tenderness to palpation, as well as myofascial tenderness. It was also noted that there was pain during range of motion testing. Deep tendon reflexes were equal within the bilateral lower extremities and straight leg raise was negative bilaterally. Under the treatment plan it was noted that treatment options included lumbar epidural steroid injection under fluoroscopic guidance.

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 L5-S1: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend epidural steroid injection when there is objective evidence of radiculopathy that is corroborated by imaging studies and/or electrodiagnostic testing and the pain has been unresponsive to conservative treatment including exercise, physical therapy, NSAIDs and muscle relaxants. There is lack of evidence within the documentation provided that the injured worker had objective evidence of radiculopathy that correlates with the L5-S1 level. Additionally, there is no imaging and/or electrodiagnostic study provided to corroborate significant pathology. Furthermore, there is lack of evidence the patient had attempted adequate conservative therapy to include physical therapy and muscle relaxants. Moreover, the request as provided remains unclear as to whether it is for a bilateral epidural steroid injection or a right versus left. Therefore, the request for lumbar epidural steroid injection x1 L5-S1 is not medically necessary.