

Case Number:	CM15-0016273		
Date Assigned:	01/29/2015	Date of Injury:	05/13/2014
Decision Date:	04/14/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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 46 year old female, who sustained an industrial injury on 5/13/2014. The diagnoses have included displacement of lumbar vertebral disc without myelopathy. Treatment to date has included medications, physical therapy, chiropractic and magnetic resonance imaging (MRI). Currently, the IW complains of low back pain with radiation down the back of her legs. Objective findings included tenderness to palpation bilaterally and sciatic notches with some moderate spasm on bilateral lumbar spine. There is limited range of motion on extension and lateral flexion and no limitation on forward flexion. On 12/19/2014, Utilization Review non-certified a request for epidural steroid injection (ESI) L4-L5, L5-S1 noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for review of ESI L4-L5, L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection L4-L5, L5-S1: Upheld

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

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

Decision rationale: Injured worker is being treated for chronic low back pain with associated leg numbness. Records indicate physical exam shows tender points to bilateral sciatic notches and associated bilateral lumbar paraspinal muscle spasms. Neurologic exam is normal. Lumbar range of motion is limited with lateral flexion. Neurosurgery evaluation is planned but not yet completed. MRI of the lumbar spine demonstrates evidence of L4-5 and L5-S1 disc herniations. Request is being made for epidural steroid injection at L4-5 and L5-S1. MTUS guideline criteria indicates documentation of radiculopathy should be supported by physical examination and corroborating imaging or electrodiagnostic testing. Although there is imaging studies to support lumbar radiculopathy, there is no corroborating examination or electrodiagnostic testing. Request for lumbar epidural steroid injections therefore is not medically necessary.