

Case Number:	CM15-0017855		
Date Assigned:	02/05/2015	Date of Injury:	05/22/2014
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/30/2015

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, Hawaii
 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 51-year-old female who sustained a work related injury on May 22, 2014, incurred a back injury while rolling in a chair that got caught on a mat. The injured worker fell on her buttocks, injuring her back and right hand. Magnetic Resonance Imaging (MRI) revealed multilevel degenerative changes of the lumbar spine with disc bulging and canal stenosis. Treatment included acupuncture of the spine, physical therapy and medications. Currently, on December 29, 2014, the injured worker, upon examination complained of burning, sharp and shooting low back pain. On January 2, 2015, a request for a service of a left lumbar epidural steroid injection, L3-4 under fluoroscopy was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Epidural Steroid Injection L3-4 under fluoroscopy: Upheld

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

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

Decision rationale: The patient presents with severe pain over the back region with deferred pain to the side. The current request is for Left Lumbar Epidural Steroid Injection L3-4 under fluoroscopy. The treating physician states: The patient has been experiencing this pain for 7 months. The patient describes her pain as constant. The pain radiates to the back. Patient says, at its worse her pain is 10/10, at least it is 6/10, on average about 7/10 and right now it is 8/10. (C.11) The report dated 12/29/14 (C.11) indicates that an MRI without contrast was completed on 06/30/14 and revealed a broad-based disc bulge resulting in mild spinal canal narrowing at L3-4 and left neural foraminal narrowing. The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician does not document radiculopathy in the physical examination, there are minimal MRI findings that corroborate radiculopathy, and the patient does not have any radicular complaints. The current request is not medically necessary and the recommendation is for denial.