

Case Number:	CM15-0017928		
Date Assigned:	02/05/2015	Date of Injury:	07/23/1999
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
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: Arizona, California
 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 72 year old female, who sustained an industrial injury on 7/23/1999. The diagnoses have included displacement of thoracic or lumbar intervertebral disc without myelopathy. Treatment to date has included surgical interventions and conservative treatments. Currently, the injured worker complains of worsening back pain. X-ray findings of the lumbar spine were referenced as showing a well-progressed fusion with no motion or loosening seen in the screw. A 5mm listhesis at the adjacent L2-3 which does not appear to move on flexion or extension was noted. A computerized tomography of the lumbar spine revealed evidence of fusion, which appears at L3 down to S1. No evidence of loosening of the pedicle screws was noted. At L2-L3, adjacent to her fusion, there was evidence of a broad midline disc bulge and some retrolisthesis. Epidural steroid injection at L2-L3 was recommended. Physical exam noted intact strength to both lower extremities with negative loss of sensation. Tenderness was noted in the lumbar area. On 12/30/2014, Utilization Review non-certified a request for (1) lumbar epidural steroid injection at L2-L3 (laterally, unspecified), noting the lack of compliance with MTUS 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:

1 Lumbar Spine Epidural Injections at L2-L3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: According to the ACOEM guidelines, epidural steroid injections are not recommended. Invasive techniques are of questionable merit. Epidural Steroid Injections may provide short-term improvement for nerve root compression due to a herniated nucleus pulposus. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case, the claimant had more definitive intervention with surgery that also did not provide lasting relief. The claimant had also undergone nerve root blocks in the past. The request, therefore, for a Lumbar Epidural Steroid Injections is not medically necessary.