

Case Number:	CM15-0018470		
Date Assigned:	02/06/2015	Date of Injury:	11/14/1986
Decision Date:	04/14/2015	UR Denial Date:	01/14/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

A 64-year-old female who sustained an industrial injury on 11/14/1986. Current diagnoses include acquired spondylolisthesis and acute lumbar radiculopathy. Previous treatments included oral and topical medication. Report dated 12/30/2014 noted that the injured worker presented with results from the electromyography (EMG) which showed irritation in the lumbar spine. Physical examination was positive for abnormal findings. Utilization review performed on 01/14/2015 non-certified a prescription for epidural steroid injection at L4-L5, based on clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at L4-5 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 46 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the criteria for the use of epidural steroid injections includes the presence of radiculopathy that must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. The most recent progress note dated December 30, 2014 includes a neurological examination with normal lower extremity muscle strength, sensation, and reflexes. Considering the absence of abnormal physical examination findings to justify this procedure, this request for an epidural steroid injection at L4 - L5 is not certified.