

Case Number:	CM15-0111157		
Date Assigned:	06/17/2015	Date of Injury:	06/08/2012
Decision Date:	07/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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: Emergency Medicine

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 55 year old female, who sustained an industrial injury on 6/8/12. The injured worker has complaints of low back pain that radiates into the bilateral flank, but on the right it travels down the right leg with numbness in the leg, down to the right ankle. The diagnoses have included lumbar disc disease; lumbar radiculopathy and low back pain. The documentation noted on examination there is paralumbar spam is 2+ tenderness to palpation, on the right and right resisted rotation is diminished. Straight leg raising is positive at 40 degrees on the right and range of motion of the spine limited secondary to pain. Treatment to date has included ice/heat application and non-steroidal anti-inflammatory drugs (NSAIDs). The request was for one L1 lumbar epidural steroid injection (caudal approach) and one monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) L1 lumbar epidural steroid injection (caudal approach): 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 (ESIs) Page(s): 46.

Decision rationale: The requested One (1) L1 lumbar epidural steroid injection (caudal approach), is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has low back pain that radiates into the bilateral flank, but on the right it travels down the right leg with numbness in the leg, down to the right ankle. The diagnoses have included lumbar disc disease; lumbar radiculopathy and low back pain. The documentation noted on examination there is paralumbar spam is 2+ tenderness to palpation, on the right and right resisted rotation is diminished. Straight leg raising is positive at 40 degrees on the right and range of motion of the spine limited secondary to pain. The treating physician has not adequately documented diagnostic findings indicative of nerve root impingement at the requested levels. The criteria noted above not having been met, one (1) L1 lumbar epidural steroid injection (caudal approach) is not medically necessary.

One (1) monitored anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested One (1) monitored anesthesia care, is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials. The injured worker has low back pain that radiates into the bilateral flank, but on the right it travels down the right leg with numbness in the leg, down to the right ankle. The diagnoses have included lumbar disc disease; lumbar radiculopathy and low back pain. The documentation noted on examination there is paralumbar spam is 2+ tenderness to palpation, on the right and right resisted rotation is diminished. Straight leg raising is positive at 40 degrees on the right and range of motion of the spine limited secondary to pain. The treating physician has not adequately documented diagnostic findings indicative of nerve root impingement at the requested levels, nor the medical necessity for anesthesia care. The criteria noted above not having been met, One (1) monitored anesthesia care is not medically necessary.