

Case Number:	CM15-0111788		
Date Assigned:	06/18/2015	Date of Injury:	06/22/2012
Decision Date:	07/20/2015	UR Denial Date:	05/15/2015
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: Physical Medicine & Rehabilitation, 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:

The injured worker is a 36-year-old female who sustained an industrial injury on June 22, 2012. She has reported left sided lower back pain and has been diagnosed with lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, unspecified, lumbago, and sciatica. Treatment has included medical imaging, chiropractic care, injection, and modified work duty. There was mild limitation with flexion and mild limitation with extension. There was moderate tenderness to L4-L5 and mild tenderness to the sciatic notch. The treatment request included a bilateral S2 Trans foraminal epidural steroid injection and conscious sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S2 transforaminal epidural steroid injection (ESI), conscious sedation and fluroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46-47.

Decision rationale: Regarding the request for bilateral S2 epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, a progress note on 1/8/2015 indicated that the patient is neurologically intact, and there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy. Additionally, a lumbar MRI from 9/10/2012 indicated no neural compression on any level. Given this, the currently requested bilateral S2 epidural steroid injection is not medically necessary.