

Case Number:	CM15-0114445		
Date Assigned:	06/22/2015	Date of Injury:	05/09/2010
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female, who sustained an industrial injury on 5/9/10. The injured worker has complaints of lumbar spine pain. The documentation noted that there is muscle spasm of the lumbar paravertebral muscles. The diagnoses have included lumbar disc protrusion; lumbar radiculopathy; lumbar sprain and strain and loss of sleep. Treatment to date has included lumbosacral spine magnetic resonance imaging (MRI) in September 2011 was negative for nerve impingement at L5 and S1 (sacroiliac); magnetic resonance imaging (MRI) of the left ankle on 7/9/10 showed there are finding most consistent with post-surgical change involving the medial malleolus as well as the distal fibula and no fracture or destructive changes present; electrodiagnostic report on 7/27/10 showed normal electromyography and nerve conduction studies of lower extremities; norco; anaprox DS and prilosec. The request was for L3 and S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 and S1 Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: L3 and S1 Epidural steroid injection is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy in the proposed area for epidural steroid injection nor are there correlating MRI or electrodiagnostic studies that correlate with radiculopathy in this distribution. Furthermore, the request does not specify a laterality. For these reason the request for epidural steroid injection is not medically necessary.