

Case Number:	CM15-0115330		
Date Assigned:	06/23/2015	Date of Injury:	01/31/2008
Decision Date:	07/24/2015	UR Denial Date:	05/26/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who sustained a work related injury January 31, 2008. Past history included, hypertension, asthma, and polycystic ovarian disease, bilateral ankle fractures, and right knee surgery. According to a primary treating physician's report dated May 18, 2015, the injured worker presented with reports of continued improvement in lumbar pain. Medication and physical therapy are proving effective in improving pain levels, function, range of motion, and overall sense of comfort. The pain is predominately complaints of lumbar pain with spasm and stiffness and bilateral leg pain/paresthesia and weakness. Objective findings of the lumbar spine included; tenderness to palpation and spasm, motion is guarded due to pain, range of motion; 45 degrees flexion, 15 degrees extension, and 15 degrees left and right lateral bend. Diagnoses are documented as lumbar sprain/strain; lumbar disc pathology; lumbar radiculopathy; lumbar spondylosis. At issue, is a request for authorization for a lumbar epidural injection L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L4-5 and L5-S1 Qty:2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electro diagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits correlating with remarkable diagnostics findings to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The lumbar epidural injection L4-5 and L5-S1 Qty: 2 is not medically necessary and appropriate.