

Case Number:	CM15-0119370		
Date Assigned:	06/29/2015	Date of Injury:	02/17/2008
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

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 48-year-old female who reported an industrial injury on 2/17/2008. Her diagnoses, and/or impressions, are noted to include: degeneration of lumbar inter-vertebral discs; lumbar spinal stenosis; and chronic pain syndrome. No current imaging studies are noted. Her treatments are noted to include diagnostic studies; any pain-free home exercises; use of cane; medication management; and modified work duties. The progress notes of 2/28/2015 reported a return for complaints of increasingly more incapacitating back and left hip pain. Objective findings were noted to include no acute distress; a much more antalgic gait favoring the left; moderate tenderness over the lumbosacral facet area and left hip, with painful range-of-motion; and decreased motor strength in the left hip. The physician's requests for treatments, on the Utilization Review, were noted to include fluoroscopic guided bilateral lumbosacral transforaminal epidural anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar transf epidural anesthesia with x-ray, fluoroswcpic guidance at L4-L5 and S1: 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 Criteria for the use of Epidural steroid injections, p 46 Page(s): 46.

Decision rationale: The claimant sustained a work injury in March 2011 and continues to be treated for low back and left lower extremity pain. She is being treated for osteoarthritis of the hip and has had plain film imaging of the lumbar spine showing lower lumbar spondylosis. When seen, there was decreased lumbar spine range of motion with tenderness and positive facet loading. There was a normal neurological examination. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no documented physical examination findings of radiculopathy or corroborating studies. The request cannot be accepted as being medically necessary.