

Case Number:	CM15-0124509		
Date Assigned:	07/09/2015	Date of Injury:	12/23/2007
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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 34 year old female, who sustained an industrial injury on 12/23/07. The injured worker has complaints of lumbar spine pain with radiation of her pain to lower extremities bilaterally. The documentation noted spasm and tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The documentation noted that dysesthesia is noted in L5 and S1 (sacroiliac) dermaformal distributions bilaterally. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; chronic nonmalignant pain of the low back and morbid obesity. Treatment to date has included hydrocodone; flexeril and voltaren gel; meloxicam and paxil. The request was for L5-S1 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, ESI.

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

Decision rationale: The claimant sustained a work in December 2007 and continues to be treated for headaches, radiating neck, and low back pain. Prior treatments have included 3-4 epidural steroid injections since 2012 with temporary improvement. When seen, she was having low back pain radiating to her feet. Pain was rated at 4-7/10 with medications. When seen, there was an antalgic gait with use of a crutch. There was L5-S1 tenderness. There was decreased right lower extremity strength with normal sensation. There was a decreased right ankle reflex. Straight leg raising was negative. The claimant's BMI is nearly 60. Imaging results were reviewed with an MRI of the lumbar spine in November 2013 including findings of L4-5 grade 1 spondylolisthesis with a central disc protrusion and L5-S1 facet arthropathy with mild foraminal narrowing. EMG/NCS testing had been negative. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the claimant has had prior epidural injections with only temporary improvement of an unknown degree and duration. Electrodiagnostic testing has been negative and imaging does not show any areas of neural compromise. The requested repeat lumbar epidural steroid injection was not medically necessary.