

Case Number:	CM15-0125121		
Date Assigned:	07/09/2015	Date of Injury:	08/19/2012
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
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: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 44 year old female, who reported an industrial injury on 8/19/2012. Her diagnoses, and or impression, were noted to include: knee tendinitis/bursitis, status-post left knee "ACL" reconstruction (9/2014), with persistence of pain, stiffness and weakness; lumbar discopathy with pain and possible radiculopathy; morbid obesity and depression. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include diagnostic studies; surgery; physical therapy; trigger point injection therapy; medication management; and rest from work. The progress notes of 5/18/2015 reported complaints which included continued, chronic back pain. Objective findings were noted to include discomfort with ambulation and crouch; spasms and tenderness over the lumbar para-vertebral muscles, and decreased lumbar range-of-motion. The physician's requests for treatments were noted to include the continuation lumbosacral epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L5-S1: Upheld

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

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

Decision rationale: This patient receives treatment for chronic low back pain. This relates back to a work-related injury dated 08/19/2012. There is no documentation of any electrophysiological testing. On exam there were tenderness on palpation of the paralumbar muscles and a decrease in the ROM. ESIs may be medically indicated to treat radicular pain. Because ESIs produce a short-lived reduction in pain relief by reducing inflammation, ESIs should be used in conjunction with other treatment modalities. The guidelines state that a number of specific clinical criteria must exist in order to recommend ESIs. These criteria include: radiculopathy corroborated on physical examination plus imaging, lack of responsiveness to conservative care, no more than 2 nerve root levels and no more than one inter laminar level should be injected at one session. The medical documentation does not establish a radicular (dermatomal) distribution of a neurological deficit for this patient. An epidural steroid injection is not medically necessary.