

Case Number:	CM15-0126603		
Date Assigned:	07/13/2015	Date of Injury:	06/18/2014
Decision Date:	08/19/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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 6/18/2014, resulting from a fall. The injured worker was diagnosed as having herniated discogenic disease at L5-S1 level, lower lumbar facet syndrome; musculoligamentous strain lumbar spine, and morbid obesity. Treatment to date has included diagnostics, physical therapy, acupuncture, arthroscopic left knee surgery on 3/24/2015, and medications. Currently, the injured worker complains of pain in the low back with intermittent radicular pain in the lower extremities. Exam noted tenderness to palpation over the lumbar spine and paravertebral muscles with decreased range of motion. There was also tenderness to palpation over the sacroiliac joint region and hypoesthesia over the anterolateral aspect of the leg. She was prescribed Motrin and Zantac. The treatment plan included a lumbar epidural steroid injection. A pre-operative physical (3/17/2015) noted a body mass index of 41.15% and pre-diabetes. An Initial Pain Medicine Evaluation (5/11/2015) recommended diagnostic bilateral lumbar interlaminar epidural steroid injection using fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: 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 Epidural Steroid Injections (ESI) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back: Epidural steroid injections, diagnostic.

Decision rationale: As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESI) may be useful in radicular pain and may be recommended if it meets criteria. 1) Goal of ESI: ESI has no long-term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for ESI except for short-term pain control. There is no long-term plan. Fails criteria. 2) Unresponsive to conservative treatment. There is documentation of some prior conservative therapy attempts but documentation is lacking. There is no noted home exercise program and no other conservative measures including trial of 1st line medications for claimed radicular pain attempted. Fails criteria. Patient fails multiple criteria for epidural steroid injection. As per Official Disability Guidelines, a diagnostic block is only recommended under certain criteria. Patient has known radiculopathy via positive MRI and EMG. It is unclear what information can be gleaned with an ESI. Epidural steroid injection is not medically necessary.