

Case Number:	CM15-0127412		
Date Assigned:	07/14/2015	Date of Injury:	03/28/2014
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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 53 year old female, who sustained an industrial injury on 3/28/2014. She reported injury to the back, hip, shoulders, and feet from cumulative activities. Diagnoses include lumbar sprain, radiculopathy, herniated nucleus pulposus, sciatica, trochanteric bursitis, hip pain, bilateral ankle pain and bilateral ankle sprain/foot sprain. Treatments to date include medication therapy, physical therapy, chiropractic therapy, and therapeutic injections. Currently, she complained of low back pain with radiation to bilateral lower extremities associated with numbness, tingling. She complained of left shoulder pain with numbness and tingling in the left arm and hand. On 6/9/15, the physical examination documented decreased range of motion and tenderness in the lumbar spine and left shoulder. Diagnoses included lumbar spine herniated nucleus pulposus with disc protrusion and annular tear and lumbar spine radiculopathy. The plan of care included intralaminar lumbar epidural steroid injection to L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Interlaminar Lumbar ESI: Upheld

Claims Administrator guideline: Decision based on MTUS 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 Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific neurological deficits or remarkable correlating diagnostics provided for review 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 L4-5 Interlaminar Lumbar ESI is not medically necessary and appropriate.