

Case Number:	CM15-0144711		
Date Assigned:	08/05/2015	Date of Injury:	11/29/2010
Decision Date:	10/06/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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: Pennsylvania, Ohio, 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 57 year old female, who sustained an industrial injury on 11-29-2010, while employed as a crossing guard, after being struck by a vehicle. The injured worker was diagnosed as having obesity, cervical disc displacement, and lumbar disc displacement. Treatment to date has included diagnostics, caudal epidural steroid injection (unspecified), epidural steroid injection x3 (unspecified), and medications. Several documents within the submitted medical records were handwritten and difficult to decipher. Currently, the injured worker complains of low back pain, rated 7-9 out of 10, with radiation to the right lower extremity. She remained off work. The treatment plan included bilateral lumbar transforaminal epidural steroid injections at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar Transforaminal Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: MTUS recommends an epidural steroid injection for treatment of a radiculopathy. This guideline supports such an injection only if there is documentation of a radiculopathy by physical examination corroborated by imaging studies and/or electrodiagnostic testing. The records in this case do not document such findings to confirm the presence of a radiculopathy at the requested level. Moreover MTUS does not suggest that there is a benefit from an ESI injection in the chronic treatment phase; the goal of an ESI applies primarily early in an injury in order to facilitate a transition to active rehabilitation and functional restoration. For these multiple reasons, at this time this request is not medically necessary.