

Case Number:	CM15-0171505		
Date Assigned:	09/11/2015	Date of Injury:	02/04/2009
Decision Date:	10/15/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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:

The injured worker was a 55 year old male, who sustained an industrial injury, February 4, 2009. According to progress note of August 12, 2015, the injured worker's chief complaint was low back pain with worsening symptoms. The physical exam noted thoracolumbar spine had tenderness with palpation in the paraspinal region with deep palpation. There was 10 degree less flexion and extension. There was 5 degrees less with lateral rotational bend. The straight leg raises were positive bilaterally. According to the progress note of February 13, 2015, the injured worker had an epidural steroid injection on November 21, 2014. According to the operative note of March 26, 2015; the injured worker received an epidural steroid injection at the L5-S1 level. However there was no documentation as to how the injured worker benefitted from the injections. The injured worker was undergoing treatment for lumbar disc disease, lumbar disc displacement and or herniation, spinal stenosis of the lumbar region and nerve root compression lumbar spine. The injured worker previously received the following treatments lumbar spine MRI, lumbar epidural steroid injection on November 21, 2014 and March 26, 2015 and Vicodin. The RFA (request for authorization) dated the following treatments were requested an epidural steroid injection. The UR (utilization review board) denied certification on August 26, 2015; according to the MTUS guidelines, radiculopathy must be a diagnosis for an epidural steroid injection. Therefore, the request for the lumbar epidural steroid injections was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection: 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: In this case, the claimant had 2 prior ESI. There was no mention of percentage improvement or length of prior benefit. There was no mention of fluoroscopic guidance or level(s) of intervention. The request for the ESI of the lumbar spine is not justified and not medically necessary.