

Case Number:	CM15-0174121		
Date Assigned:	09/15/2015	Date of Injury:	03/08/2011
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/03/2015

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 is a 62 year old female who sustained an industrial injury on 03-08-2011. Diagnoses include disorders of the sacrum, lumbar disc displacement without myelopathy, lumbar disc degeneration and sciatica. Comorbid diagnoses include hypertension, and diabetes. Physician progress notes dated from 07-16-2015 documents the injured worker complains of severe, constant low back pain with radiation of numbness along the posterior aspect of the right leg to the foot. She feels she is dragging her right leg more frequently and has experienced pain behind her right knee. She has increased pain after walking 3 blocks. She complains of frustration and depression due to pain and limited functions. She is having increased radicular symptoms, worsening insomnia and a decline in function since she has been without her medications and all other treatments have been denied. Treatment to date has included diagnostic studies, medications, a Functional Restoration Program, 3 steroid injections which 2 have helped in the past to decrease her pain for close to a year. Prescriptions were given for Trazodone, Venlafaxine ER, Morphine Sulfate ER, Gabapentin and Ibuprofen. Documentation of current medications include Lidoderm patch, Trazodone, Venlafaxine ER, Docusate Sodium, Voltaren Gel, Cyclobenzaprine, Morphine Sulfate ER, Gabapentin, Ibuprofen, Diovan, Hydrochlorothiazide, Tiazac, Toprol SL, Aspirin EC, and Potassium Cl 10%. A Request for Authorization done on 07-30-2015 was for Lumbar Epidural Steroid injections at L5-S1, Lumbar Epidurogram, Fluoroscopic Guidance, IV sedation and each additional level x 2. On 08-04-2015, the Utilization Review denied the requested treatment each additional Level, and Lumbar Epidural Steroid injections at L5-S1, Lumbar Epidurogram, Fluoroscopic Guidance, and IV

sedation. Upon an Appeal dated 09-16-2015, Lumbar Epidural Steroid injections at L5-S1, Lumbar Epidurogram, Fluoroscopic Guidance, and IV sedation were certified and the request for each additional level x 2 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Each additional Level: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 prior ESI without mention of percentage improvement or length of response. The request was for L5-S1 ESI again along with each additional level. The amount of levels was not specified and the guidelines limit the amount of levels to be treated. The request for another ESI as well as each additional level is not justified and not medically necessary.