

Case Number:	CM15-0175222		
Date Assigned:	09/16/2015	Date of Injury:	09/28/2013
Decision Date:	10/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This injured worker is a 25 year old female who reported an industrial injury on 9-28-2013. Her diagnoses, and or impression, were noted to include: cervicgia; anxiety state; and sleep disturbance. No current imaging studies were noted. Her treatments were noted to include: acupuncture - ineffective; medication management; and modified work duties. The progress notes of 8-3-2015 reported a follow-up visit for complaints, or reports, of: unchanged, intermittent and fluctuating neck pain, rated 3 out of 10, that radiated to the bilateral shoulders and middle-lower back, associated with burning in both arms, and aggravated by cold; her current medications were less effective in adequately addressing her pain needs, and were causing side-effects, and requested to try a different medication; and an overall improvement in her headaches, triggered by intense neck pain, having them only once a week and lasting 3 hours. Objective findings were noted to include: no acute distress; tenderness to the cervical paraspinous process, with restricted cervical range-of-motion and positive Spurling's maneuver and bilateral cervical facet loading; and tenderness in the bilateral trapezius musculature with restricted bilateral shoulder range-of-motion. The physician's requests for treatments were noted to include recommendation for "LESI", that "we consider that this patient will benefit from L5-S1 bilateral lumbar epidural steroid injection since there is evidence of subjective complaints and objective findings of radiculopathy on physical exam which correlate with patients diagnostic studies". The Request for Authorization, dated 8-17-2015, was noted for lumbar epidural injection (LESI) L5-S1, x 1. The Utilization Review of 8-25-2015 non-certified the request for a lumbar 5 - sacral 1 lumbar epidural injection, x 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: In this case, the report of the Cervical MRI was noted but not the lumbar. The exam findings do not indicate radicular symptoms. The guidelines require evidence of radiculopathy on exam and imaging. In addition, the ACOEM guidelines do not recommend ESI. As a result, the request for ESI is not medically necessary.