

Case Number:	CM15-0177347		
Date Assigned:	09/18/2015	Date of Injury:	10/22/2014
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who reported an industrial injury on 10-22-2014. Her diagnoses, and or impressions, were noted to include: lumbar spine sprain-strain with radicular complaints and evidence of multi-level disc bulges and facet hypertrophy; and status-post umbilical hernia repair. Recent magnetic imaging studies of the lumbar spine were done on 5-5-2015, noting abnormal findings. Her treatments were noted to include: a home exercise program; modified activities; medication management; and modified work duties. The progress notes of 7-23-2015 reported a re-evaluation for continued, intermittent, moderate low back pain that traveled to both legs. Objective findings were noted to include: increased tone and tenderness, with spasms, about the para-lumbar musculature with tenderness at the mid-line thoracolumbar junction, and over the level of L5-S1 facets and right greater sciatic notch; and positive bilateral straight leg raise test. The physicians request for treatments was noted to include a lumbar epidural steroid injection at the level of L5-S1; to undergo a NCV-EMG exam of the lower extremities to assess the patient's neurological complaints; and Omeprazole 20 mg, #60, for stomach upset. The Request for Authorization, dated 8-10-2015, was noted to include epidural steroid injection - lumbar at level of L5 - S1; NCV- EMG of the lower extremities. The Utilization Review of 8-11-2015 non-certified the requests for 1 lumbar epidural steroid injection at lumbar 5 - sacral 1 level; electromyogram and nerve conduction studies of the lower extremity; and Omeprazole 20 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection @ 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: The claimant sustained a work injury in October 2014 and is being treated for modern intermittent low back pain with lower extremity radiating symptoms. An MRI of the lumbar spine on 05/05/15 included findings of multilevel disc bulging with facet hypertrophy and moderate left L4/5 foraminal narrowing with mild foraminal narrowing on the right side. When seen, there was paraspinal muscle tenderness with increased muscle tone with tenderness over the lumbar facets, right sciatic notch, and midline thoracolumbar junction. Straight leg raising was positive bilaterally. Authorization for an epidural injection is being requested. Criteria for the use of epidural steroid injections include radicular pain, defined as pain in dermatomal distribution with findings of radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings such as decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response that supports a diagnosis of radiculopathy. The requested epidural steroid injection was not medically necessary.