

Case Number:	CM15-0179220		
Date Assigned:	09/21/2015	Date of Injury:	08/16/2011
Decision Date:	11/09/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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 56 year old female with an industrial injury dated 08-16-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc bulge, thoracic spine disc bulge, lumbar spine disc bulge, right elbow strain, left elbow surgery, right wrist internal derangement, right hand strain, left wrist internal derangement, and left hand strain. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Medical records (03-04-2015 to 07-15-2015) indicate ongoing pain in the neck, upper back, lower back, bilateral elbow, bilateral wrist and hand. Physical exam on 03-04-2015 revealed painful range of motion of the lumbar spine. There were no lumbar spine exam clinical findings in report 4-24-2015. Objective findings (06-09-2015) revealed lumbar spine tenderness. Some documents within the submitted medical records are difficult to decipher. There were no lumbar spine exam clinical findings included in 7-15-2015 report. The injured worker's work status was modified duty. The treating physician prescribed services for epidural steroid injection L4-L5 and L5-L6 quantity: 2. The original utilization review determination (08-20- 2015) denied the request for epidural steroid injection L4-L5 and L5-L6 quantity: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L4-L5 and L5-L6 qty: 2: 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 2 epidural injections are not supported by MTUS on an initial request; results from a first ESI would be needed in order to assess whether a 2nd ESI is indicated. For these multiple reasons, this request is not medically necessary.