

Case Number:	CM15-0033376		
Date Assigned:	02/26/2015	Date of Injury:	05/30/2014
Decision Date:	04/13/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52 year old female, who sustained an industrial injury on May 30, 2014. She has reported tripping and falling while exiting an elevator, landing on both knees, with immediate pain in her lower back, both knees, neck, and left hand. The diagnoses have included cervical sprain, thoracic sprain, and lumbar sprain. Treatment to date has included home exercise program (HEP), ice/heat, physical therapy, and medications. Currently, the injured worker complains of low back pain. The Treating Physician's report dated January 14, 2015, noted that the injured worker had reached maximum medical improvement per the Agreed Medical Evaluation of December 18, 2014. Physical examination was noted to show cervical spine paravertebral tenderness with diminished sensation in the nerve distribution of C5 and C6 bilaterally. The thoraco-lumbar spine examination was noted to show tenderness in the thoracic paravertebral musculature and the lumbar paravertebral musculature. On January 28, 2015, Utilization Review non-certified one lumbar epidural steroid injection (ESI) as an outpatient, noting that the present records did not give information either of clinical information with neurological deficits or supporting radiographic information for radiculopathy. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG) were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of one lumbar epidural steroid injection (ESI) as an outpatient. Shoulder examination was noted to show tenderness in the left subacromial and acromioclavicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective: 1 Lumbar Epidural Steroid Injection as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); work loss data institute; www.odg-twc.com; Sedatio: Low Back- Lumbar & Thoracic (Acute & Chronic), ACOEM- <https://www.acoempracguides.org/Lowback>; table 2, Summary of recommendations, Low Back Disorder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit, however there is no significant long term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no recent clinical and objective documentation of radiculopathy. There is no MRI or EMG reports supporting the diagnosis of active radiculopathy. MTUS guidelines does not recommend epidural injections for back pain without radiculopathy (309). Therefore, the request for 1 Lumbar Epidural Steroid Injection is not medically necessary.