

Case Number:	CM15-0075223		
Date Assigned:	04/27/2015	Date of Injury:	09/15/2000
Decision Date:	05/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old female, who sustained an industrial injury on 9/15/2000. Diagnoses have included lumbar disc disease and lumbar spine radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and epidural steroid injection. According to the progress report dated 3/12/2015, the injured worker complained of low back pain rated 8/10 that radiated down both legs. She reportedly had an epidural steroid injection done for the low back three years ago with more than 50% pain relief for over eight weeks. Physical exam revealed decreased sensation in the bilateral L4 dermatome. She had absent patellar tendon reflexes and positive straight leg raising at 40 degrees in the bilateral lower extremities. The treatment plan was for a lumbar epidural steroid injection at the L4-L5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 and right S1 lumbar (lower back) transforaminal epidural steroid injection x1, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R
Page(s): 47 of 127.

Decision rationale: This claimant was injured 15 years ago. A past ESI allegedly gave 50% improvement in pain over 8 weeks, but objective functional improvement is not noted. Imaging showing overt disc herniation from the injury is not noted. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat ESI is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request appears appropriately not medically necessary.