

Case Number:	CM15-0078225		
Date Assigned:	04/29/2015	Date of Injury:	10/16/2014
Decision Date:	05/26/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 26 year old female patient who sustained an industrial injury on 10/16/2014. The patient had initial complaint of acute onset of low back pain associated with radiation into bilateral lower extremities. Conservative treatment was offered to include: modified work duty, oral analgesia, physical therapy, acupuncture, and rest. A secondary treating office visit dated 02/02/2015 reported the patient currently working modified duty. Her present complaints were of low back pain and stiffness. Current medications are: Arthrotec, Flexeril, Nexium, Toradol, and Plaqueril. The impression noted: lumbar disc herniation; lumbar radiculopathy; history of recent diagnosis SLE, and a history of anxiety and tachycardia. The plan of care recommended surgical intervention of the spine. A consultation visit dated 02/02/2014 reported subjective complaints of sharp shooting back pains that radiate into bilateral lower extremities and accompanied with parasthesia's. The assessment noted lumbar degenerative disc disease with radiculopathy; lumbar facet arthropathy, and a history of heart murmur with tachycardia. The plan of care involved: scheduling epidural injections, continue with current medications, return to modified work duty, and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L5-S1, (per 02/02/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Lumbar Epidural Steroid Injection, L5-S1, (per 02/02/2015) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The 2/2/15 documentation indicates that the patient has normal strength, reflexes, and a negative straight leg raise in the bilateral lower extremities. There is decreased sensation in the L4 and S1 distributions. The documentation submitted with these findings does not reveal convincing evidence of objective radiculopathy on physical examination. Additionally, the request does not specify whether this request is a bilateral or unilateral injection. Therefore, the request for epidural steroid injection is not medically necessary.