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| Case Number: | CM15-0079738 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 12/12/2011 |
| Decision Date: | 06/04/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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: California, North Carolina

Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 12/12/2011. The initial complaints or symptoms included pain in the neck, head, shoulders, upper back and lower back. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, and conservative therapies. Currently, the injured worker complains of constant/frequent pain in the head, neck, upper back, elbow, lower back, ankles and feet. There was radiating pain reported down both upper and lower extremities and associated with numbness and tingling. The physician reported that he injured worker had failed all conservative therapies/treatments. The diagnoses include lumbar radiculitis, lateral epicondylitis, lumbar intervertebral displacement without myelopathy, cervicalgia, and disorders of the bursae and tendons in the shoulder region. The request for authorization included a lumbar epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

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

Decision rationale: The request is for L4-5 epidural steroid injections in a patient with date of injury in 2011 with mild low back pain. CA MTUS recommends ESI as an option for treatment of radicular pain. ESI can offer short-term pain relief and should be used in conjunction with other rehab methods, including a home exercise program. ESI do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. In this case, there is lack of documentation regarding the evidence of a radiculopathy. The claimant's low back pain has improved since the date of injury with conservative measures. Thus there is a lack of documentation of unresponsiveness to conservative measures, a criterium for ESI. The claimant does not meet any of the other criteria for ESI, thus the request is deemed not medically necessary.