

Case Number:	CM15-0079743		
Date Assigned:	04/30/2015	Date of Injury:	09/11/2012
Decision Date:	06/03/2015	UR Denial Date:	04/17/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 54 year old female, who sustained an industrial injury on 9/11/2012. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbosacral disc degeneration, lumbar spondylosis, lumbosacral spondylosis, joint derangement, lumbosacral neuritis/radiculitis and muscle weakness. Lumbar spine x rays show multilevel degenerative changes and nerve conduction study was within normal limits. Treatment to date has included heat/ice and medication management. In a progress note dated 4/2/2015, the injured worker complains of low back pain that radiates down both legs with numbness. The treating physician is requesting a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection Under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI.

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

Decision rationale: MTUS 2009 states that epidural steroid injections are an option to treat radicular symptoms with corroborative findings of radiculopathy. There are no imaging studies which describe nerve root compression and the patient reports numbness in a stocking/glove distribution. The request does not specify whether this is a translaminar or transforaminal injection. The levels are not specified as well. Based upon the lack of information concerning the type of ESI and the lack of corroborative findings, this request for an ESI is not medically necessary.