

Case Number:	CM15-0079755		
Date Assigned:	04/30/2015	Date of Injury:	12/27/2013
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old female, who sustained an industrial injury on 12/27/13. She reported pain in the head, back, and buttocks. The injured worker was diagnosed as having lumbar radiculitis and lumbago. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, and medications. A MRI obtained on 5/16/14 revealed L5-S1 mild degenerative changes with a 1mm posterior disc bulge without stenosis. Currently, the injured worker complains of pain in the head, neck, back, bilateral legs, and bilateral feet. Pain is associated with tingling, numbness, and weakness in both legs and both feet. The treating physician requested authorization for a lumbar epidural steroid injection at L5-S1 and one time multi-disciplinary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 31-32, 46.

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

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for chronic radiating low back pain. When seen, she was avoiding activities including socializing and exercising. She was having pain rated at 7/10 with radiating symptoms into the lower extremities with numbness, tingling, and weakness. There was decreased left lower extremity strength and sensation with positive straight leg raising. An MRI scan in May 2014 had shown mild L5-S1 degenerative disc disease without neural compromise and electrodiagnostic testing in December 2013 had been negative for radiculopathy. Criteria for the use of an epidural steroid injection include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case, neither imaging nor electrodiagnostic testing has shown findings of radiculopathy. The requested therefore cannot be considered as medically necessary.

One time multi-disciplinary evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain programs (functional restoration programs), p30-32 (2) Functional restoration programs, p49 Page(s): 30-32, 49.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for chronic radiating low back pain. When seen, she was avoiding activities including socializing and exercising. She was having pain rated at 7/10 with radiating symptoms into the lower extremities with numbness, tingling, and weakness. There was decreased left lower extremity strength and sensation with positive straight leg raising. An MRI scan in May 2014 had shown mild L5-S1 degenerative disc disease without neural compromise and electrodiagnostic testing in December 2013 had been negative for radiculopathy. Criteria for a multidisciplinary pain management program include an adequate and thorough evaluation, including baseline functional testing. This would be done through a multidisciplinary evaluation as it being requested which is therefore medically necessary.