

Case Number:	CM15-0093317		
Date Assigned:	05/19/2015	Date of Injury:	09/21/2012
Decision Date:	06/22/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old, female who sustained a work related injury on 9/21/12. She slipped on water and fell on her buttocks. The diagnoses have included lumbar disc displacement without myelopathy and lumbosacral neuritis/radiculitis. Treatments have included 18 sessions of aqua therapy, 24 sessions of physical therapy, home exercises, medications, TENS unit therapy, 24 sessions of chiropractic treatment, heat/ice therapy and h-wave therapy. In the Visit Note dated 4/28/15, the injured worker complains of lower back pain. She describes the pain as moderate to severe and constant. She rates her pain level a 7-8/10. She has associated weakness in both legs. She has tenderness of lumbar paravertebral musculature. She has decreased range of motion in lumbar spine. FABER test is positive. She has difficulty with activities due to the pain. She works 4 hours a day with modified duties. The treatment plan includes a recommendation for a midline lumbar epidural steroid injection for therapeutic reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Interlaminar epidural steroid injection for diagnostic and therapeutic purposes under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, L5- S1 interlaminar epidural steroid injection for diagnostic and therapeutic purposes under fluoroscopy is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; veracity or lumbosacral neuritis or radiculitis not otherwise specified; enthesopathy of knee; pain in joint lower leg. Subjectively, according to an April 28, 2015 progress note, there are no subjective complaints of radiculopathy. Objectively, there are no neurologic findings compatible with radiculopathy. MRI of the lumbar spine shows degenerative disk disease. Consequently, absent clinical documentation of subjective and objective findings compatible with radiculopathy and MRI/electrodiagnostic studies to corroborate radiculopathy, L5- S1 interlaminar epidural steroid injection for diagnostic and therapeutic purposes under fluoroscopy is not medically necessary.