

Case Number:	CM15-0094712		
Date Assigned:	05/20/2015	Date of Injury:	02/10/2011
Decision Date:	06/22/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 59-year-old female injured worker suffered an industrial injury on 02/10/2011. The diagnoses included lumbar spine radiculitis. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications and physical therapy. On 4/7/2015, the treating provider reported lower back pain with radiation into the hips, right greater than left to the level of the knee. The pain was rated 7/10 with restricted range of motion that was guarded along with tenderness to the lumbar spine. The right straight leg raise was positive. The treatment plan included epidural steroid infusion injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5, L5-S1 epidural steroid infusion injection under fluoroscopic guidance:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, page 46.

Decision rationale: The patient exhibited decreased sensation however with intact DTRs and motor strength. MRI of the lumbar spine showed no disc protrusion at L4-5 nor is there any neural foraminal stenosis with impingement at L5-S1. MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); However, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any specific correlating neurological deficits with remarkable diagnostics to support the epidural injections. There is no report of acute new injury, flare-up, progressive neurological deficit, or red-flag conditions to support for pain procedure. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. Criteria for the epidurals have not been met or established. The Bilateral L4-L5, L5-S1 epidural steroid infusion injection under fluoroscopic guidance is not medically necessary and appropriate.