

Case Number:	CM15-0096631		
Date Assigned:	05/27/2015	Date of Injury:	05/10/2014
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/19/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old, female who sustained a work related injury on 5/10/14. The diagnoses have included lumbago, disc herniations, radiculopathy and lumbar neuritis. Treatments have included medications and trigger point injections. In the PR-2 dated 4/23/15, the injured worker complains of continuing, moderate to severe low back pain with radiating pain down left thigh. She has a positive left straight leg raise at 35 degrees and a positive right straight leg raise at 40 degrees. Low back range of motion is limited due to pain. She walks with a limp favoring left leg. The treatment plan includes a request for 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 ESI (epidural steroid injection) at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long term benefit or reduction for the need of surgery. There is no evidence that the patient has been unresponsive to conservative treatments. In addition, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, the request for Lumbar ESI is not medically necessary

In-house Operative Labs: CBC (complete blood count), UA (urinalysis), CMP (comprehensive metabolic panel), PT (prothrombin)/ PTT (partial thrombastin time):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>.

Decision rationale: There is no documentation that the patient is undergoing an invasive procedure, have renal disease, metabolic diseases, electrolyte unbalance or coagulation disorder. Therefore the request for In-house Operative Labs: CBC (complete blood count), UA (urinalysis), CMP (comprehensive metabolic panel), PT (prothrombin)/ PTT (partial thrombastin time) is not medically necessary.