

Case Number:	CM13-0046547		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2007
Decision Date:	12/10/2015	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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: Texas, Illinois, Indiana

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

This is a 53 year old male who reported an injury on 01/31/2007 and the mechanism of injury was that the patient reportedly slipped on a wet surface and fell on buttocks while getting out of a company vehicle which resulted in injury to low back and left leg with associated pain. A CT scan was done of lumbar spine and was inconclusive and then the patient underwent 2-3 lumbar ESI's. Electrodiagnostic studies showed swollen nerve roots. Objective findings indicated symptoms of possible L5 radiculopathy but an unofficial MRI, 2008, did not confirm neural compression at L4-5. In 08/2008, the patient underwent a lumbar discogram which was positive at L4-5 for degenerative changes; a fusion at L5-S1 was performed and decompression at L4-5. A previous laminectomy in 10/2005 was noted in report as well. On medical evaluation, 03/15/2012, the patient's chief complaint was low back/buttock/left lower leg pain and numbness in left thigh. Past treatments included, were pain management and work restrictions. Also, medications listed were Promethazine/Codeine 6.25mg-10mg/5ml syrup 5ml every 6 hours as needed, Levaquin 500mg daily, Opana ER 40mg twice a day, Norvasc 5mg daily, Dilaudid 4mg four times a day, Robaxin 750mg four times a day, Nortriptyline 25mg every other day, Ibuprofen 800mg two times a day, Lisinopril 10mg daily, Neurontin 600mg four times a day, and Carvedilol 25mg two times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Volume Lumbar Epidural Steroid Injections Bilateral L4-5 and Epidurogram:
Upheld

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

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

Decision rationale: The request for High Volume Lumbar Epidural Steroid Injections Bilateral L4-5 is non-certified. The CA MTUS guidelines state that the purpose of an ESI is to reduce pain and inflammation, restoring range of motion; radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There were no current diagnostic/imaging studies included in the information provided; as well as, the patient is status post decompression at L4-5. As such, the requested service is not medically necessary.