

Case Number:	CM14-0076084		
Date Assigned:	07/16/2014	Date of Injury:	11/19/2012
Decision Date:	07/02/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/23/2014

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, 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 35 year old male patient who sustained an industrial injury on 11/19/2012. The accident was described as while working as a driver for a disposal company he injured his back as a result of pulling a container. He reported the injury and was evaluated diagnosed with a back pain and modified work duty. His last day of work was 02/06/2013 he was placed on disability. A psychologist follow up visit dated 02/14/2014 reported the patient with continued back pain developed depression, anxiety, irritability, difficulty sleeping, excessive worry and anger. He was diagnosed with major depressive disorder, single episode, generalized anxiety disorder, and psychological factors affecting medical condition. A pain management follow up dated 02/26/2014 showed the assessment of low back pain, degeneration of lumbar disc, and radicular syndrome of lower limbs. The plan of care involved administration of injection. A primary treating visit dated 05/07/2014 reported subjective complaint of constant lower back pain that radiates to bilateral legs accompanied by numbness, tingling greater to left leg. He is diagnosed with lumbar disc displacement, and lumbosacral neuritis. The patient remains permanent and stationary. The plan of care involved the patient receiving an injection at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L/S Epidural injection L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: Regarding the request for lumbar epidural steroid injection/selective nerve root block, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, after failure of conservative treatment. Guidelines recommend that no more than one interlaminar level or two transforaminal levels should be injected in one session. Within the documentation available for review, there are subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. This is documented in a progress note from 2/26/2014. There is mention of lumbar MRI which is concordant but there is no discussion of what cardinal findings are present in this imaging nor is there inclusion of official radiologist's report for this study. In the absence of such documentation, the currently requested lumbar epidural steroid injection is not medically necessary.