

Case Number:	CM15-0001932		
Date Assigned:	01/13/2015	Date of Injury:	02/13/2014
Decision Date:	03/12/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38 year old male, who sustained an industrial injury on 2/13/2014. He has reported back, right leg, and left hip pain, along with headaches. The diagnoses have included concussion, lumbar disc syndrome L4-S1, lumbar radiculitis right lower extremity, left hip contusion, lumbar sprain/strain with chronic myofascial pain. Magnetic Resonance Imaging (MRI) dated 8/23/14 revealed disc degeneration and facet arthropathy on multiple levels, with evidence of an old compression fracture. Treatment to date has included, neurontin, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) including Advil, physical therapy, and right L5-S1 and right S1 transforaminal epidural steroid injection. Currently, the Injured Worker complains of continued back pain with right gluteal/hip pain that shoots down the right leg. Electromyogram completed 9/5/14, revealed normal results and no acute findings. Physical exam documented positive straight leg raise test, tenderness of lumbar spine. Diagnoses included herniated disc, old T12 compression fracture, and status post fall with injury to right lower extremity and right leg radiculopathy. The plan of care included a referral to a pain management clinic. A 12/19/14 progress note indicated a positive right straight leg raise. There is a negative left straight leg raise. There is decreased right L5-S1 sensation. There is decreased right EHL strength. On 12/24/2014 the Utilization Review non-certified a left L3-L5 epidural steroid injection via an inter-laminar catheter, noting the lack of supporting documentation to meet guidelines, the MTUS Guidelines were cited. On 12/24/2014 Utilization Review did certified laboratory evaluations including CMP, Complete Blood Count (CBC), and vitamin D3, noting the chronic use of medication supporting medical necessity. On 1/5/2015, the injured

worker submitted an application for IMR for review of a left L3-L5 epidural steroid injection via an inter-laminar catheter, laboratory evaluation including CMP, Complete Blood Count (CBC), and vitamin D3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L5 epidural steroid injection via an interlaminar catheter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: Left L3-L5 epidural steroid injection via an interlaminar catheter is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for epidural steroid injections radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The recent exam findings do not support the need for left L3-5 epidural steroid injections and therefore this request is not medically necessary.