

Case Number:	CM15-0005830		
Date Assigned:	01/26/2015	Date of Injury:	01/08/2013
Decision Date:	03/30/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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 injured worker is a 56 year old male who sustained an industrial injury reported on 1/8/2013. He has reported radicular radiating neck and low back pain and spasms, associated with numbness and tingling; and achy, burning, radiating right shoulder, elbow and knee pain. The diagnoses have included lumbar spinal stenosis, with exacerbation and probable superimposed Guillain-Barre syndrome with severe polyneuropathy; cauda equina syndrome; stenosis with neurogenic claudication - lumbar; thoracic or lumbar radiculopathy; metabolic syndrome; and morbid obesity. Treatments to date have included consultations; diagnostic imaging studies; electromyogram with nerve conduction studies (6/25/14); epidural steroid injection therapy (9/9/14, 10/28/14); gastric bypass surgery for weight reduction; physical therapy and occupational therapy with rehabilitation and home exercise program; single-point cane; and medication management to include non-steroidal anti-inflammatories and steroidal therapy. The work status classification for this injured worker (IW) was not noted. On 12/8/2014 Utilization Review (UR) non-certified, for medical necessity, for a third intralaminar lumbar 5- sacral 1 epidural steroid injection, the Medical Treatment Utilization Schedule, epidural steroid injections Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

#3 - Intrelaminar L5-S1 Epidural Steroid Injection: 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.

Decision rationale: The injured worker is being treated for chronic low back pain with notable lumbar spinal stenosis, cauda equina syndrome and right foot drop. EMG performed on 6/25/14 revealed evidence of severe sensory peripheral polyneuropathy secondary to diabetes mellitus. There is no evidence of compressive neuropathy or radiculopathy. For the diagnosis of lumbar radiculopathy, the injured worker underwent lumbar epidural steroid injections on 9/9/14 and 10/28/14. He is also being treated with Lidoderm, Lyrica and Mobic. Request for a third lumbar epidural steroid injection was made based on improvement from the prior 2. MTUS guidelines does not generally recommend a series of 3 epidural steroid injections. For therapeutic injections, a reduction of greater than 50% pain associated with reduction of medication use for 6-8 weeks needs to be documented. In the case of this injured worker, the request for a third injection is made approximately 3 weeks post second injection; furthermore, there is no demonstration in the records of reduction of medication use for 6-8 weeks. Therefore the request for a third epidural steroid injection is not medically necessary.