

Case Number:	CM15-0005905		
Date Assigned:	01/20/2015	Date of Injury:	02/09/2012
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
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, Indiana, New York
Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on February 9, 2012. He has reported lower back pain. The diagnoses have included disc protrusion of lumbar 4-5 and lumbar 5-sacral 1 and chronic lower back pain with left sciatic nerve root irritation. Treatment to date has included home exercise program, topical non-steroidal anti-inflammatory medication, and a recent magnetic resonance imaging (MRI). Currently, the injured worker complains of constant pain, which worsens with prolonged sitting. He denies numbness and tingling. The physical exam revealed pain at lumbar 4/lumbar 5-sacral 1 and bilateral posterior superior iliac spine. On December 10, 2014 Utilization Review non-certified a request for a lumbar epidural steroid injection, noting the lack of objective evidence of radicular pain and the loss of dermatomal sensation in the lumbar 4-5 and lumbar 5-sacral 1 distributions on the physical exam. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) at L4-L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Section Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection at L4 - L5 and L5 - S1 are not medically necessary. Epidural steroid injections are recommended as an option for treatment for the killer pain. The criteria for use of epidural steroid injections are enumerated in the Official Disability Guidelines. The guidelines include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercise, physical therapy, nonsteroidal anti-inflammatory's muscle relaxants); etc. See the guidelines for additional details. In this case, the injured workers working diagnosis is 6 mm disc bulge lumbar spine. Subjectively, the injured worker complains of constant pain and lumbar spine rated 8/10. Pain is worse with prolonged sitting. There are no radicular symptoms. Objectively, there are no radicular symptoms. Lumbar MRI was performed July 18, 2014. The results showed L4-L5, there is mild disc desecration. There is central, left paracentral and left neural foraminal 5 mm broad-based disc osteophyte. There is mild central canal narrowing. There is a right neural foraminal and lateral 6 mm broad-based disc protrusion. L5-S1 Interval development of moderate disc space narrowing. There is a broad-based disc protrusion measuring a maximal of 3-4 mm in AP diameter. No central canal narrowing seen. There is moderate to severe left and moderate right neural foraminal narrowing. The guidelines require radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There was no physical examination documentation indicating and/or documenting radiculopathy. There were no electrodiagnostic studies performed. Consequently, absent clinical documentation with physical examination documentation of radiculopathy, lumbar epidural steroid injection L4 - L5 and L5 - S1 are not medically necessary.