

Case Number:	CM15-0008599		
Date Assigned:	01/26/2015	Date of Injury:	02/15/1995
Decision Date:	03/26/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona
 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 52-year-old male who reported an injury on 02/15/1995. On 12/02/2014, he presented for a followup evaluation. He reported back pain radiating into both legs that he felt was quite severe. A physical examination showed 4/5 weakness in the EHL muscle bilaterally with calf and thigh circumference that was symmetric. There was diminished sensation in the posterior lateral aspect of both thighs and shins, distal pulses were symmetric and there were no atrophic changes of the skin. An MRI of the lumbar spine, performed on 10/17/2013, demonstrated progressive hypertrophic change at the medial facet joint ligamentum flavum at the L4-5 with 2 mm retrolisthesis and 3 mm bulge at the annulus and short pedicle confirmation of the spinal canal along with a synovial cyst arising from the medial aspect of the left facet joint contributing to severe, left greater than right, lateral recess stenosis and severe central canal stenosis. The treatment plan was for an epidural steroid injection at the L4-5 level. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-L5: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, epidural steroid injections are recommended when radiculopathy is present by clinical examination and corroborated by imaging studies and/or electrodiagnostic testing. There should be documentation that the injection is being performed using fluoroscopic guidance, and that the injured worker had tried and failed all recommended conservative care options. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine with MRI findings consistent with pathology. However, there is a lack of documentation indicating that the injured worker had tried and failed recommended conservative treatments with muscle relaxants, NSAIDs, physical therapy and exercise. Also, the request did not indicate that the injection would be performed using fluoroscopic guidance. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.