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| Case Number: | CM15-0009434 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 05/09/2011 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 01/03/2015 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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 64-year-old male who reported injury on 05/09/2011. The mechanism of injury was the injured worker was walking up stairs and started having pain all over his body. The prior treatments included Motrin, Norco, and physical therapy. The injured worker underwent an MRI of the lumbar spine on 12/12/2014 which revealed at the level of L3-4 there was moderate central canal narrowing with moderate to severe bilateral stenosis of the lateral recesses caused by 4 mm posterior disc protrusion and moderate bilateral ligamentous thickening and facet arthropathy. There was associated mild left greater than right L3 foraminal narrowing. At L4-5 there was mild to moderate disc height reduction with 4 mm to 5 mm posterior disc protrusion and moderate bilateral ligamentous thickening and facet arthropathy resulting in moderate to severe bilateral stenosis of the lateral recesses and moderate left and mild right L4 foraminal narrowing. The documentation indicated there was impingement potential that was substantial at L3-4. The documentation of 12/19/2014 revealed the injured worker had complaints of pain in the low back with radiation symptoms down to the leg. The injured worker had associated numbness and tingling. The physical examination revealed decreased range of motion. There was pain toward terminal range of motion. The injured worker had sciatic notch testing that was positive. The injured worker had a positive straight leg raise. The strength was 4/5 in the left quadriceps. The injured worker's Achilles deep tendon reflexes were 1 bilaterally. The injured worker had decreased sensation in the L4 and L5 dermatomes. The diagnoses included radiculopathy and spinal stenosis. The treatment plan included an epidural steroid injection at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L3-4 and L4-5 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radiculopathy upon physical examination that is corroborated by electrodiagnostics or imaging. There should be documentation of failure of conservative care including physical medicine exercise, NSAIDs, and muscle relaxants. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, the MRI indicated the injured worker's impingement potential was substantial at L3-4. There was a lack of documentation of impingement at L4-5. There was a lack of documentation of a failure of conservative care, including physical medicine, exercises, NSAIDs, and muscle relaxants. Given the above, the request for lumbar epidural steroid injection at L3-4 and L4-5 for lumbar spine is not medically necessary.