

Case Number:	CM15-0100831		
Date Assigned:	06/03/2015	Date of Injury:	12/14/2011
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old male, who sustained an industrial injury on 12/14/2011. The current diagnoses are lumbar spine pain, degenerative disc disease, lumbar radiculopathy, spinal stenosis of the lumbar spine, and herniated nucleus pulposus/bulge in the lumbar spine. According to the progress report dated 1/26/2015, the injured worker complains of lower back pain with lower extremity radiculopathy. The level of pain is not rated. The current medications are Cyclobenzaprine, Hydrocodone/APAP, Ibuprofen, and Tizanidine. Physical exam notes decreased in sensation and range of motion. MRI shows a right sided herniation extrusion at the L2-3 level compressing the thecal sac with moderate stenosis at L4-5 and L5-S1. Diagnoses include lumbar radiculopathy, HNP, and spinal stenosis. Treatment to date has included medication management, MRI studies, and chiropractic. The plan of care includes epidural steroid injection L2-L3, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection L2-L3, L4-L5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 42.

Decision rationale: According to CA MTUS, ESI is intended "to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery." Indications include "radiculopathy must be documented by physical examination and corroborated by imaging studies. Initially unresponsive to conservative treatment." According to these guidelines, the request for epidural steroid injection is appropriate since the IW has documented report of neuropathic pain with objective evidence of radiculopathy and MRI findings of herniated disc impinging on thecal sac. However, the guidelines states, "no more than two nerve root levels should be injected" in one session. The request for three concurrent levels of injection is beyond the scope of the guidelines and presents a possible safety risk. Consequently based on the guidelines would recommend starting with 2 ESI and not the three requested. This request is not medically necessary.