

Case Number:	CM15-0102739		
Date Assigned:	06/05/2015	Date of Injury:	07/01/2012
Decision Date:	07/03/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 58 year old male, who sustained an industrial injury on 7/1/12. The diagnoses have included lumbar disc protrusions, lumbar degenerative disc disease (DDD) and lumbar radiculopathy. Treatment to date has included diagnostics and physical therapy. There are no other documented treatments noted. Currently, as per the physician progress note dated 3/24/15, the injured worker complains of persistent severe low back pain that radiates to the right lower extremity (RLE). The objective findings reveal that the lumbar spine exam shows that there is tenderness to palpation of the lumbar muscles and there is spasm. The lumbar range of motion is decreased in flexion, extension and right lateral bending and causes increased low back pain. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/8/14 reveals disc dehydration, annular fissure, asymmetric disc protrusion indenting the thecal sac and displacing and impinging the nerve roots bilaterally, more on the left. There is also disc height loss, marginal osteophyte formation and moderate right recess stenosis and impingement on the exiting right nerve root. The electromyography (EMG)/nerve conduction velocity studies (NCV) dated 11/7/14 reveal evidence of a chronic right L5 radiculopathy and suggestive of L4-L5 left radiculopathy. There is no previous therapy sessions noted in the records. The injured worker is working regular duties. The physician requested treatment included Lumbar epidural steroid injection times 2 on the right at L5 under fluoroscopic guidance in an operating room setting under monitored anesthesia care and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection times 2 on the right at L5 under fluoroscopic guidance in an operating room setting under monitored anesthesia care and IV sedation: 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): 46.

Decision rationale: According to the CA MTUS/ Chronic Pain Medical Treatment Guidelines, Epidural Steroid injections page 46 "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be evidence that the claimant is unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants). If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block." In this case there is a request for two epidural steroid injections without re-evaluation to determine the need for the second. Based on this the guideline criteria are not met and the request is not medically necessary.