

Case Number:	CM15-0102761		
Date Assigned:	06/05/2015	Date of Injury:	04/10/2014
Decision Date:	07/10/2015	UR Denial Date:	04/21/2015
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, Hawaii
 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 44 year old male, who sustained an industrial injury on 4/10/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc herniation, sacroiliitis, and facet arthropathy. Treatment to date has included diagnostics, injections, chiropractic, acupuncture, physical therapy, and medications. Currently (3/05/2015 and 4/16/2015), the injured worker complains of constant low back pain with radiation to the right buttock and right upper leg. He was status post medial branch nerve block (right L4-5 and L5-S1) and right sacroiliac joint injection on 2/10/2015. He reported no relief of symptoms. He was currently working full duty. Exam of the lumbosacral spine noted a normal gait, pain to palpation over the right paraspinal muscles at L4, L5, and right sacroiliac joint. Range of motion was full without pain and sensation was intact. Positive straight leg raise, positive thigh thrust, and positive distraction sign on the right were noted. Medications prescribed included Norflex and Norco. The treatment plan included a lumbar epidural steroid injection. A prescription for Robaxin instead of Norflex was noted on 4/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Injection: 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 injections (ESIs) Page(s): 46.

Decision rationale: The patient presents with constant low back pain with radiation to the right buttock and right upper leg. The current request is for Lumbar Epidural Injection. The treating physician states, in a report dated 03/05/15, "At this time, we had a trial of a medial branch nerve block as well as a right SI joint injection, that did not give the patient any kind of relief. As we told the patient this is more of a diagnostic procedure that is done to try to identify the pain generators, since this did not help the patient, I am going to go ahead and recommend for a trial of a lumbar epidural steroid injection for the patient to see if this helps alleviate the pain the shooting that goes into his legs." (46B) MRI of the Lumbar spine dated 5/12/14 note "Multilevel degenerative changes secondary to combination of facet, ligamentum flavum hypertrophy and small disk bulges seen. Neural foraminal stenosis is noted at L4-5 and L5-S1." (7A) The MTUS Guidelines support the usage of lumbar ESI for the treatment of radiculopathy that must be documented in physical examination and corroborated by diagnostic imaging/testing. In this case, the treating physician has not specified what level requires injection. The right leg pain is not documented in a dermatomal distribution. The MRI findings do not corroborate nerve root impingement and the exam findings do not demonstrate radiculopathy. The current request is not medically necessary.