

Case Number:	CM15-0019877		
Date Assigned:	02/09/2015	Date of Injury:	11/08/2012
Decision Date:	04/03/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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 30-year-old male who reported an injury on 11/08/2012. The mechanism of injury was from lifting. His diagnoses included intervertebral disc disorder with myelopathy of the lumbar region. Medications were noted to include tramadol ER, Anaprox, cyclobenzaprine, omeprazole, and topical analgesics. Surgical history was not provided. Diagnostic studies included an MRI of the lumbar spine on 02/06/2013, an EMG/NCV on 03/25/2013. Other therapies were noted to include 2 epidural steroid injections, physical therapy, acupuncture, chiropractic treatment, medication, and topical analgesics. On 12/19/2014, the injured worker complained of low back pain. He rated the pain a 9/10 without medications and a 6/10 with medications. The back pain was associated with radiating pain, tingling and numbness to both lower extremities. On exam of the lumbar spine, there was tenderness and mild spasms palpable over the bilateral paralumbar muscles. Straight leg raise was positive bilaterally, causing low back pain radiating to the posterior thigh upon 45 degrees of right or left. There was decreased sensation of the lateral L5 and S1 dermatomes, including 2 point discrimination, light touch, and pain sensation. There was decreased motor strength to 4/5 to the bilateral extensor and hallucis longus and plantar flexor muscles. The request is for 1 lumbar epidural steroid injection at the L5-S1 level under fluoroscopy with IV sedation. The request for authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) lumbar epidural steroid injection at the L5-S1 level under fluroscopy and IVE sedation: Upheld

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

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

Decision rationale: The request for one (1) lumbar epidural steroid injection at the L5-S1 level under fluoroscopy and IVE sedation is not supported. The injured worker has a history of low back pain. The California MTUS Guidelines recommend repeat epidural steroid injections if there has been objectively documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for up to 8 weeks with a general recommendation of no more than 4 blocks per year and performed under fluoroscopy. There is lack of documentation of functional improvement and objective pain relief from previous injections. IV sedation are not supported except for patients who suffer from anxiety. There is lack of documentation that the injured worker has an anxiety disorder. It was noted that the injured worker was anxious about the procedure. IV sedation would not be supported. As such, the request for one (1) lumbar epidural steroid injection at the L5-S1 level under fluoroscopy and IVE sedation is not medically necessary.