

Case Number:	CM15-0130893		
Date Assigned:	07/17/2015	Date of Injury:	12/26/2013
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 59 year old male who reported an industrial injury on 12/26/2013. Per July 17, 2015 examination narrative MRI has revealed disc protrusions of L4-5 with foraminal and spinal stenosis and electrodiagnostic studies have demonstrated bilateral L5-S1 radiculopathy. His diagnoses, and or impression, were noted to include: lumbosacral spine degenerative disc disease with protrusion, foraminal and spinal stenosis; and bilateral lumbar radiculopathy. His treatments were noted to include trans-cutaneous electrical stimulation unit therapy; back brace; a home exercise program; medication management; and rest from work. The progress notes of 6/12/2015 reported complaints which included continued, constant pain in his lower back, with numbness/tingling that radiated down to the right foot, and aggravated by seated activities and activity. Objective findings were noted to include tenderness and spasms over the lumbar para-vertebral musculature; positive right straight leg raise and decreased range-of-motion; and decreased sensation in the right calf. The physician's requests for treatments were noted to include re-authorization for lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI), no levels indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45-46.

Decision rationale: Per the MTUS guidelines, in order to proceed with epidural steroid injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and that the injured worker was unresponsive to conservative treatment. The injured worker has evidence of radiculopathy stemming from the lumbar spine and has failed conservative management. However, in the absence of documentation of levels proposed for epidural steroid injections, this request cannot be supported. Therefore, the request for Lumbar Epidural Steroid Injection (ESI), no levels indicated is not medically necessary and appropriate.