

Case Number:	CM15-0138906		
Date Assigned:	07/28/2015	Date of Injury:	02/07/2008
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pennsylvania

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:

The injured worker is a 51-year-old male, who sustained an industrial injury on 2/7/08. The injured worker was diagnosed as having chronic pain and opioid dependence. Treatment to date has included anterior and posterior discectomy and fusion at L4-5 and L5-S1. Other treatment included pool therapy and medication. Physical examination findings on 5/15/15 included bilateral paraspinal tenderness, decreased lumbar range of motion, and a positive left straight leg raise. Currently, the injured worker complains of low back pain with radiation to the left lower extremity and occasional numbness and tingling in the left lower extremity. The treating physician requested authorization for a repeat lumbar epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

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

Decision rationale: The first criteria for epidural steroid injections listed in the MTUS are "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing." A physician progress note of 5/27/15 reports normal sensory and motor examination of the lower extremities. It is stated, "The patient continues to have pain in the lumbar region with radiculopathy in the lower extremity. In addition, the patient has evidence of disc herniation on the MRI." It is also stated, "A previous lumbar epidural provided the patient great relief." However, the guidelines are clear that radiculopathy must be documented by physical examination. Subjective complaint of radicular symptoms is not sufficient. Given the absence of physical exam findings of radiculopathy, an epidural steroid injection is not medically necessary based on the guidelines in the MTUS.