

Case Number:	CM15-0139196		
Date Assigned:	07/29/2015	Date of Injury:	04/22/2015
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 42-year-old male, who sustained an industrial injury on April 22, 2015. He reported pain in his back and left leg and was diagnosed with low back pain and lumbar muscle strain. Treatment to date has included work restrictions, ice-moist heat therapy, lumbar back brace, crutches, MRI of the lumbar spine, physical therapy, and medications. Currently, the injured worker complains of low back pain with radiation of pain to the left groin and the anterior thigh. He has pain with weight bearing activities and the greatest pain from sitting. His pain is relieved with lying down. His current medication regimen includes Ibuprofen. On physical examination the injured worker has weakness with squatting and a feeling that his left lower extremity is about to give way. His lumbar lordosis and thoracic kyphosis is normal. His lumbar range of motion is 50% of normal and elicits pain. He has tenderness to palpation over the left hip flexor. A femoral stretch test is positive on the left. His sensory and motor examinations were normal. An MRI of the lumbar spine revealed multi-level degenerative changes with disk bulging and mild foraminal narrowing. There was a moderate narrowing due to a foraminal protrusion at L3-4. The diagnoses associated with the request include lumbar radiculopathy, probable far lateral extrusion with lateral protrusion of left L3-4, and lumbar degenerative disc disease. The treatment plan includes lumbar transforaminal epidural steroid injection and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI) L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection (L3-L4) are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); in the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are probable far lateral extrusion with a lateral protrusion left L3-L4; and lumbar degenerative disc disease. The date of injury is April 22, 2015. Request for authorization is June 19, 2015. According to a June 18, 2015 progress note by the treating spinal consultant, subjectively the injured worker had ongoing back pain that radiates the left groin. Objectively, there were no focal neurologic findings. There were no sensory abnormalities and no motor abnormalities. There was no objective evidence of radiculopathy on physical examination. MRI lumbar spine showed degenerative changes at multiple levels with disc bulging and mild foraminal narrowing at L4-L5 and L5-S1, a small central protrusion, and L5-S1 with an annular tear. There was also moderate foraminal narrowing due to a foraminal protrusion at left L3-L4. Radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing. There is no objective documentation of radiculopathy on physical examination. Consequently, absent clinical documentation demonstrating objective evidence of radiculopathy on physical examination, lumbar epidural steroid injection (L3-L4) are not medically necessary.