

Case Number:	CM15-0140131		
Date Assigned:	07/29/2015	Date of Injury:	09/06/2013
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/20/2015

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 31 year old male, who sustained an industrial injury on 9-6-13. He reported pain in the neck, back, hip and leg. The injured worker was diagnosed as having cervicalgia, lumbago and back pain. Treatment to date has included chiropractic treatment, physical therapy, a lumbar MRI on 9-21-14 showing an L4-L5 and L5-S1 posterior annular tears with a 4-5mm disc protrusion, Norco and Flexeril. An EMG-NCS study of the lower extremities on 1-21-15 exhibited normal results. As of the PR2 dated 6-29-15, the injured worker reports pain levels have been improving with medications and his home exercises. Objective findings include a positive straight leg raise test bilaterally, decreased lumbar range of motion and moderate muscle spasms. The treating physician requested a bilateral L4-L5 transforaminal epidural steroid injection under IV sedation and fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4 and L5 trans epidural steroid injection under IV sedation and fluoroscopy:
Upheld

Claims Administrator guideline: Decision based on MTUS 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 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here with negative EMG findings on January 2015 study. Submitted reports have not demonstrated any correlating neurological deficits to support the epidural injections. Clinical findings indicate pain on range of motions with spasms; however, without specific motor or sensory deficits or radicular signs. EMG has no evidence for radiculopathy. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The Bilateral L4 and L5 trans epidural steroid injection under IV sedation and fluoroscopy is not medically necessary and appropriate.