

Case Number:	CM15-0142865		
Date Assigned:	08/03/2015	Date of Injury:	10/26/2005
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old male, who sustained an industrial injury on 10-26-2005. Diagnoses include lumbago. Treatment to date has included surgical intervention of the right knee, left thumb and left wrist as well as conservative treatment consisting of diagnostics, physical therapy, chiropractic care, medications and epidural steroid injection (2006) which did not help. Current medications include Vicodin, Ibuprofen, Amitriptyline and Gabapentin. Magnetic resonance imaging (MRI) dated 10/17/2014 was read by the evaluating provider as L4- 5 severe degenerative disc disease with bilateral neural foraminal narrowing. L5-S1 has moderate degenerative disc disease with right neural foraminal narrowing and bilateral facet arthropathy. Per the Neurosurgical Consultation Report dated 6-22-2015, the injured worker reported low back pain and left greater than right leg pain. He reported occasional shooting pain down the left greater than right lower extremity going posterolaterally to the calf. Physical examination revealed numbness of the bilateral toes and left lateral leg. His back is nontender to palpation with good range of motion. Strength is 5/5 in the bilateral lower extremities. Straight leg raise is negative and gait is normal. The plan of care included, and authorization was requested, for lumbar epidural steroid injection L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI at L4-L5 and L5-S1: 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 Criteria for the use of Epidural steroid injections, Page(s): 46.

Decision rationale: The claimant sustained a work injury in October 2005 when he slipped while getting out of a truck with injury to the low back. When seen, he was having constant back pain with occasional lower extremity symptoms. He had numbness of the toes and left lateral leg. Prior treatments had included an epidural injection in 2006 without benefit. Physical examination findings included good spinal range of motion without tenderness. There was normal strength with negative straight leg raising. His BMI was nearly 46. Imaging results were reviewed with an MRI in October 2014 showing findings of multilevel degenerative disc disease with foraminal narrowing. Electrodiagnostic testing has shown left L5 radiculopathy. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there are no physical examination findings of radiculopathy. A prior epidural steroid injection was done without benefit. The requested epidural steroid injection is not medically necessary.