

Case Number:	CM15-0144388		
Date Assigned:	08/05/2015	Date of Injury:	05/28/2010
Decision Date:	09/01/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 34year old male who sustained an industrial/work injury on 5-28-10. He reported an initial complaint of low back pain. The injured worker was diagnosed as having cervical radiculopathy, cervical herniated nucleus pulposus with stenosis, lumbar radiculopathy, and lumbar disc bulge. Treatment to date includes medication, epidural steroid injection, and home exercise program. EMG-NCV electromyography and nerve conduction velocity test 9-22-10 confirmed chronic C7 nerve root irritation bilaterally. Currently, the injured worker complained of persistent low back pain and bilateral leg pain. Per the primary physician's report (PR-2) on 5-28-15, exam revealed positive straight leg raise bilaterally at 60 degrees, decreased sensation in the right posterolateral thigh in the L5 distribution, and decreased cervical range of motion with diminished grip strength. Current plan of care included epidural injection, home exercises, and medication regimen. The requested treatments include L4-S1 epidural injection x 1 with anesthesia and monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 epidural injection x 1 with anesthesia and monitored anesthesia care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The documentation does not indicate objective imaging studies or electro diagnostic testing to corroborate with physical exam findings. The MTUS states that 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 six to eight weeks the patient is status post L4-S1 epidural steroid injection on 6/4/13 and there is no evidence that the patient had a reduction in pain over 50% with reduction of medication for 6-8 weeks. The documentation does not reveal severe anxiety that would necessitate monitored anesthesia care. For these reasons the request for a L4-S1 epidural injection is not medically necessary.