

Case Number:	CM15-0148331		
Date Assigned:	08/11/2015	Date of Injury:	05/05/2010
Decision Date:	09/10/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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, North Carolina
 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 59-year-old male who sustained an industrial injury on 5-5-2010. He reports neck pain rated 7 out of 10 and low back pain and has been diagnosed with chronic pain syndrome, herniated nucleus pulposus at C5-6 with mild stenosis, and herniated nucleus pulposus at C5-6 level with bilateral upper extremity radicular pain and paresthesias, rule out stenosis at C4-5 and C5-6 levels, status post re-exploration of the lumbar spine, status post right interlaminar laminectomy at the bilateral L3-4 and L4-5 levels, 3 mm disc protrusion at L3-4 and 2 mm disc protrusion at L4-5 with mild bilateral neuroforaminal narrowing, and facet arthropathy at L4-5 and L5-S1 with mild neuroforaminal narrowing. Treatment has included medications, medical imaging, home exercise program, and injection. Sensory examination was decreased in the right L4 through S1 dermatomes. Hyperesthesia and dysesthesia was noted in the right lower extremity. The treatment plan included medications and injection. The treatment request included high volume epidural injection, bilateral L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

High Volume Epidural Injection for bilateral L3-L4 Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: CA MTUS states ESI recommended as an option for radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies or electro diagnostic testing. In this, case the request id for bilateral L3-4 ESI. The patient has signs and symptoms of lumbar radiculopathy corroborated by MRI abnormalities. However, there is no documentation of sensory or motor deficits in the left lower extremity to justify the ESI on the left. Therefore, the request for bilateral ESI is not medically necessary or appropriate.