

Case Number:	CM15-0148370		
Date Assigned:	08/11/2015	Date of Injury:	08/31/2012
Decision Date:	09/14/2015	UR Denial Date:	07/16/2015
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
 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 60 year old male who sustained an industrial/work injury on 8-31-12. He reported an initial complaint of back pain. The injured worker was diagnosed as having disc protrusion of lumbar spine; pain in the low back. Treatment to date includes medication and diagnostics. MRI results were reported on 11-4-13 that reveal 3-4 mm posterior annular bulge, mild bilateral neural foraminal narrowing at L4-5, L5-S1, 3.25 mm annular bulge, mild bilateral neural foraminal narrowing. Currently, the injured worker complained of numbness on left side of body, pain that radiated down the left leg from the left side of the low back with cold sensation in the left leg. Per the primary physician's report (PR-2) on 7-8-15, exam noted difficulty standing up, loss of lordosis along with pain at the left posterior superior iliac spine and left paravertebral muscle. The requested treatments include Lumbar epidural injection L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of epidural steroid injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's) Page(s): 46, 47.

Decision rationale: The patient presents with pain radiating down his left leg from left side of low back. The request is for lumbar epidural injection L4-L5. The request for authorization is dated 07/09/15. MRI of the lumbar spine, 11/04/13, shows degenerative changes L4-5 and L5-S1 disc spaces; L4-5 demonstrates 3 to 4 mm posterior annular bulge, mild bilateral neural foraminal narrowing; L5-S1 demonstrates a 3.25 annular bulge, mild bilateral neural foraminal narrowing; multilevel facet osteoarthritis. Objective findings of the lumbar spine reveals the patient has difficulty standing up at this time he continues to wear back brace. Patient reports loss of lordosis along with pain at left posterior superior iliac spine and left paravertebral muscle. Patient also reports numbness and tingling radiating down legs, but more on left side. Patient had a cortisone injection administered at left posterior superior iliac spine. Patient's medications include Soma, Lyrica, Zanaflex, Vicodin and Lidoderm Patch. Per progress report dated 06/11/15, the patient is returned to full duty. MTUS page 46, 47 states that an ESI is recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). MTUS further states, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 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, with a general recommendation of no more than 4 blocks per region per year." Treater does not discuss the request. Review of medical records show no evidence of a prior Lumbar Epidural Injection. MRI of the lumbar spine, 11/04/13, shows degenerative changes L4-5 and L5-S1 disc spaces; L4-5 demonstrates 3 to 4 mm posterior annular bulge, mild bilateral neural foraminal narrowing; L5-S1 demonstrates a 3.25 annular bulge, mild bilateral neural foraminal narrowing; multilevel facet osteoarthritis. However, treater does not discuss any physical examination findings, such as motor, sensory, DTR or SLR to document radiculopathy. In this case, given the lack of dermatomal distribution of pain documented by physical examination findings, the request does not meet MTUS guideline indications. Therefore, the request is not medically necessary.