

Case Number:	CM15-0160274		
Date Assigned:	08/26/2015	Date of Injury:	04/04/2005
Decision Date:	09/29/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 62 year old male, who sustained an industrial injury on 4-04-2005. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostics, C4-6 anterior cervical discectomy, machine allograft fusion and instrumentation on 2-14-2014, subsequent L4-5 decompression, TLIF (transforaminal lumbar interbody fusion) instrumentation and fusion 7-16-2014, and medications. Currently, the injured worker complains of developing increasing symptomatology (unspecified) approximately 2 months ago, left side greater than right. Medications included Tenormin, Tricor, Medrol, Mirapex, Klonopin, Valium, Norco, Benadryl, Namenda, Paxil CR, Lovaza, and Percocet. The treatment plan included bilateral L5-S1 epidural steroid injection, with fluoroscopy and anesthesia. A rationale for the requested treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection, lumbar spine, bilateral L5-S1 with 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 (ESIs) Page(s): 46.

Decision rationale: The requested Epidural steroid injection, lumbar spine, bilateral L5-S1 with fluoroscopy, is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), "recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials." The injured worker has increasing symptomatology (unspecified) approximately 2 months ago, left side greater than right. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Epidural steroid injection, lbar spine, bilateral L5-S1 with fluoroscopy is not medically necessary.

Anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Anesthesia is not medically necessary. California's Division of Worker s Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 46, Epidural steroid injections (ESIs), "recommend an epidural injection with documentation of persistent radicular pain and physical exam and diagnostic study confirmation of radiculopathy, after failed therapy trials." The injured worker has increasing symptomatology (unspecified) approximately 2 months ago, left side greater than right. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, the medical necessity for an LESI nor Anesthesia has not been established and is therefore not medical necessary.