

Case Number:	CM15-0168455		
Date Assigned:	08/31/2015	Date of Injury:	05/05/2011
Decision Date:	09/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/26/2015

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: Preventive Medicine, Occupational 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 57 year old male who sustained an industrial injury on May 05, 2011. A primary treating office visit dated January 21, 2015 reported subjective complaint of back pain, hernia pain, depression and urinary issues. The assessment found the worker with: bilateral inguinal hernias, status post left inguinal repair March 15, 2012 and right; neurogenic bladder; reactive depression; disc bulge L4-5; status post posterior cervical fusion; bilateral cervical radiculopathy; L4-5 and L5-S1 facet arthropathy, and ventral hernia status post repair 2011. The worker has been administered medial branch blocks from L4-5 and L5-S1 with some noted benefit and relief of symptom. There is note of possible candidate to undergo radiofrequency ablation. He continues to follow up with pain management. He is permanent and stationary. On January 29, 2015 he had a pain management follow up that reported chief complaint of chronic low back and bilateral buttock pain; failure of lumbar facet injections. Current medications consist of: Restoril; Norflex; Omeprazole, a trial of Nucynta. The plan of care noted: scheduling a cervical epidural injection addressing his back and bilateral buttock and thigh pains; continue with Nucynta and get a radiography study reports for review. A primary treating follow up dated June 19, 2015 reported denial for extracorporeal shockwave therapy. He is with subjective complaint of increased low back pain radiating down bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L4-L5 epidural steroid injection: 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 Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines have very specific criteria that should be met to justify epidural injections. These criteria include the presence of a dermatomal radiculopathy that corresponds with diagnostic results i.e. MRI or Electrodiagnostics. This individual is described to have a normal gait, lower extremity strength and reflexes. There are no studies which supports an L5 radiculopathy. Under these circumstances, the request for the Lumbar L4-5 epidural steroid injection is not supported by Guidelines and is not medically necessary.