

Case Number:	CM15-0181970		
Date Assigned:	09/23/2015	Date of Injury:	12/01/2014
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 40-year-old female, who sustained an industrial injury on 12-1-2014. She reported a low back injury from a slip and fall. Diagnoses include chronic low back pain with disc protrusion at L3-4, L4-5 and L5-S1. Treatments to date include activity modification, NSAID, and physical therapy. Currently, she complained of low back pain with radiation down the right leg. On 6-8-15, the physical examination documented lumbar tenderness with tight muscles noted and decreased sensation in left lower extremity. The clinical impression was documented to include MRI evidence of L4-5 and L5-S1 disc protrusion with symptoms consistent with bilateral lumbosacral radiculopathy. The plan of care included a lumbar epidural injection to L5-S1. There were no changes documented in the subsequent evaluations, pending approval for the epidural injection. The appeal requested authorization of Bilateral Lumbar spine transforaminal epidural injection with fluoroscopic guidance to L5-S1 level. The Utilization Review dated 8-19-15, denied the request stating, "There is no physical examination submitted for review indicating that there was radicular pathology" per the California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L-Spine Transforaminal Epidural Injection with fluoroscopy at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injections (ESIs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, bilateral lumbar spine transforaminal epidural injection with fluoroscopy at L5 - S1 not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks . . . etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnosis is chronic lower back pain disc protrusions at L3 - L4, L4 - L5 and L5 - S1. Date of injury is December 1, 2014. There are two requests for authorization in the medical record dated August 11, 2015 and July 28, 2015 for a lumbar epidural steroid injection bilateral. According to the July 24, 2015 progress note, there are no subjective complaints documented in the medical record. The injured worker followed up for a possible ESI. Objectively, the documentation indicates the examination is essentially unchanged. There is no recent physical examination in the medical record. There is no objective evidence of radiculopathy in the medical record documentation. MRI of the lumbar spine shows multiple disc protrusions without evidence of canal stenosis or neural foraminal narrowing. Based on the clinical information medical record, peer-reviewed evidence-based guidelines, no objective evidence of radiculopathy on physical examination and neurologic evaluation and an MRI that does not show evidence of neural foraminal narrowing, bilateral lumbar spine transforaminal epidural injection with fluoroscopy at L5 - S1 not medically necessary.