

Case Number:	CM15-0182247		
Date Assigned:	09/25/2015	Date of Injury:	05/19/2012
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 45 year old male who sustained an industrial injury May 19, 2012. On April 9, 2015, he underwent a transforaminal nerve root injection at right L3-4 and right L4-5. Diagnoses are degenerative joint disease of the lumbar spine; lumbar spine strain; lumbar radiculopathy; degenerative joint disease with lumbar disc protrusions at L2-L5. According to a primary treating orthopedic physician's report dated August 4, 2015, the injured worker presented with some flare-ups to the lower back pain while attempting to increase activity. Objective findings included; walks with non-antalgic gait and able to heel toe walk without difficulty; cervical spine-satisfactory range of motion; thoracic spine-mild limitation of motion secondary to discomfort of the lumbar spine; lumbar spine-tenderness to palpation in the upper, mid and lower paravertebral muscles, range of motion flexion to 20 degrees, 20 degrees right lateral bending, 15 degrees left lateral bending, 20 degrees right and left lateral rotation, extension 15 degrees, straight leg raise and rectus femoris stretch sign do not demonstrate any nerve irritability; negative Fabere sign; negative Homan's sign. At issue, is a request for authorization for a lumbar epidural steroid injection L3-L4 (second injection). According to utilization review dated August 20, 2015, the request for Lumbar ESI (epidural steroid injection) L3-L4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, ESI.

Decision rationale: The medical records provided for review do not document physical exam findings consistent with radiculopathy in association with plan for epidural steroid injection. ODG guidelines support ESI when (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. As such the medical records do not support the use of ESI congruent with ODG guidelines. Therefore the request is not medically necessary.