

Case Number:	CM15-0183679		
Date Assigned:	09/24/2015	Date of Injury:	03/20/2013
Decision Date:	10/29/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/18/2015

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 32 year old male, who sustained an industrial-work injury on 3-20-13. He reported initial complaints of pain to the right wrist, left knee, and right wrist pain. The injured worker was diagnosed as having lumbar spine disc herniation, lumbar spine strain and sprain, and lumbar spine radiculitis. Treatment to date has included medication, physical therapy (6 sessions), acupuncture, chiropractic sessions, and diagnostics. MRI results were reported on 12-20-13 that demonstrated 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing, at L5-S1, there is a posterior annular tear in the intervertebral disc with accompanying posterior disc bulge resulting in moderate neural foraminal narrowing, and bilateral exiting nerve root compromise seen. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 3-13-15 with normal report. Currently, the injured worker complains of right shoulder and wrist pain rated 8 out of 10 that is 'almost the same'. There was back pain rated 9 out of 10 with numbness that radiated to the lumbar spine to left lateral thigh and leg. Medication included Daypro. Work was modified to lifting no more than 15 pounds. Per the primary physician's progress report (PR-2) on 8-28-15, exam noted decreased range of motion of the lumbar spine with tenderness and spasms. The right shoulder has tenderness with palpation and 5- out of 5 strength. The right wrist has positive Finkelstein's test, 5- out of 5 pinch and opposition. There is positive straight leg raise to the left lower extremity at 60 degrees, decreased sensation over the left lateral thigh and leg and very tender and tight piriformis. The left hip has tenderness with palpation with strength at 4 out of 5. The left knee has no instability and 4+ out of 5 strength with tenderness medially. The Request for Authorization requested service to include L5-S1 epidural steroid injection per 08/28/15 order. The Utilization Review on 9-15-15 denied the request for L5-S1 epidural steroid injection due to

lack of meeting criteria for testing, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 epidural steroid injection per 08/28/15 order: 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 rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here with normal EMG/NCS. There is also no documented failed conservative trial of physical therapy, medications, activity modification, or other treatment modalities to support for the epidural injection. Epidural injections may be an option for delaying surgical intervention; however, there is not surgery planned or identified pathological lesion noted. The L5-S1 epidural steroid injection per 08/28/15 order is not medically necessary and appropriate.