

Case Number:	CM15-0183939		
Date Assigned:	09/24/2015	Date of Injury:	09/13/2013
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
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: Texas, Florida, 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 51 year old male, who sustained an industrial injury on 9-13-13. The documentation on 9-4-15 noted that the injured worker has complaints of having more numbness and pain down both legs, difficulty with walking and having difficulty with numbness in his foot and states the symptoms have been getting sores ever since the functional capacity evaluation that he had a couple of weeks prior. There is tenderness at the paralumbar region and has limited range of motion in flexion secondary to pain. Positive straight leg raise on the left and diminished sensation in the left lower extremity at the posterior calf and foot. Magnetic resonance imaging (MRI) on 3-4-15 did not show any significant nerve root impingement and it showed borderline left foraminal stenosis and patent right foramen at L3-L4 and L4-L5 a stable minimal annular bulge with stable mild bilateral foraminal stenosis and there was no herniated disc or spinal stenosis seen at L5-S1 (sacroiliac). The diagnoses have included lumbar radiculopathy. Treatment to date has included lumbar corset. The original utilization review (9-11-15) non-certified the request for lumbar epidural injection at L4, L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4, L5: 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: This claimant was injured two years ago. There is more numbness and pain down both legs. There is positive straight leg raise on the left and decreased sensation. The MRI from March did not show any significant nerve root impingement. No disc herniation is noted. The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," is not met. The request is not medically necessary based on the above.