

Case Number:	CM15-0186799		
Date Assigned:	09/28/2015	Date of Injury:	12/31/2014
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 23 year old male with an industrial injury date of 12-31-2014. Review of the medical records indicates he is being treated for lumbar radicular syndrome. The injured worker presented on 07-28-2015 with pain rated as 6 out of 10 that is "intermittently" up to 8. Prior pain rating on 07-20-2015 is documented as 4 out of 10. In the progress note dated 06-09-2015 the treating physician noted the injured worker had completed physical therapy "without much improvement." His work status on 07-28-2015 is documented as modified work, "although he is not working, stating modified duty is not available." The treating physician documented: "The patient has had physical therapy without long lasting relief and the MRI scan performed on 03-05-2015 has an impression of lumbar 4-lumbar 5 central disc bulge with spinal stenosis. In the text it states lumbar 4-lumbar 5 has central disc protrusion of 5-6 mm. There is moderate facet hypertrophy. Spinal canal has residual sagittal dimensions of 13 mm. Neural foraminal showed disc material in the inferior portion but no nerve root impingement. It is also noted at lumbar 5-sacral 1 there is degenerative disc disease with posterior protrusion of 5 mm on the right and 4 mm centrally and on the left with an annular tear." Physical exam (07-28-2015) revealed "good range of motion of his lumbar spine with a decreased left ankle jerk and positive straight leg raising on the left." Prior treatment included physical therapy and activity modification. The requested treatment is for lumbar epidural steroid injection, per 07/28/15 order. On 08-27-2015 the request is for lumbar epidural steroid injection, per 07/28/15 order was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, per 07/28/15 order: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, Activity, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, imaging and physical exam should correlate with radiculopathy to qualify for an epidural. In this case, the claimant does have disc bulging on MRI but no mention of nerve root encroachment or impingement. Although the claimant does have radicular signs on exam, there is no significant correlation on imaging. In addition, the ACOEM guidelines do not recommend invasive procedures due to their short term benefit. As a result, the request for ESI of the lumbar spine is not medically necessary.