

Case Number:	CM15-0203825		
Date Assigned:	10/20/2015	Date of Injury:	06/10/2015
Decision Date:	12/03/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 male who sustained an industrial injury on 6-10-2015 and has been treated for radiating low back pain. Diagnostic electromyogram and nerve conduction study of the right lower extremity performed 8-25-2015 noted no indication of radiculopathy or neuropathy. An MRI performed 7-23-2015 found lumbar disc desiccation causing no canal stenosis or neural foraminal narrowing with left paracentral disc protrusion at L5-S1, hypertrophic facet degenerative changes and anterolisthesis at L5-S1, and bilateral neuro foraminal narrowing at L4-5 with no evidence of canal stenosis or nerve root impingement. On 9-15-2015 the injured worker reported no improvement in back symptoms with pain rated between 6-8 out of 10 depending on medication timing, and difficulty sitting for more than 20 minutes. Pain is stated to radiate down his left leg to just below the knee and he experiences intermittent tingling in that leg. He also reported intermittent weakness in both lower extremities. He has been off work since 7-14-2015. Objective examination 7-23-2015 revealed range of motion is limited by pain, hypoesthesia in the right lower extremity L4-S1, positive Braggard's, facet joint tenderness with palpation, and positive straight leg raise on the right down the leg. straight leg raise was also positive on the left, but in the low back only. Documented treatment includes at least 3 sessions of physical therapy, Toradol injection, ice, home exercises, and Meloxicam, Ultracet and Flexeril. No previous lumbar epidural injections are noted. A physiatrist recommended diagnostic right-sided L5-S1 lumbar epidural steroid injection "based on clinical objective findings." The treating physician's plan of care includes an epidural steroid injection at the right L5-S1 which was denied on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural block at the right L spine (per report a diagnostic right-sided L5-S1 lumbar epidural steroid injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Epidural block at the right L spine (per report a diagnostic right-sided L5-S1 lumbar epidural steroid injection) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation submitted does not reveal evidence of objective radiculopathy on the right side/lower extremity on imaging or electrodiagnostic testing therefore this request is not medically necessary.