

Case Number:	CM15-0206882		
Date Assigned:	10/23/2015	Date of Injury:	09/09/2014
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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 62 year old male, who sustained an industrial injury on 9-9-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar spondylosis with intermittent radicular symptoms, lumbar radiculopathy with multiple disc bulges, and myofasciitis. According to the progress report dated 9-16-2015, the injured worker presented with complaints of pain in the low back extending into his left leg. The pain is described as hot, burning, shooting pain with associated tingling, burning, and muscle spasms. On a subjective pain scale, he rates his pain 8 out of 10. He reports increased pain this month. However, on the 8-17-2015 progress note, he reported his pain 8 out of 10 as well. The physical examination of the lumbar spine reveals decreased range of motion, mild-to-moderate pain in the paravertebral musculature from the high lumbar area down to the sacrum, and mild sacroiliac tenderness. The current medications are Tylenol #3. Previous diagnostic studies include x-rays, electrodiagnostic testing (normal study), and MRI of the lumbar spine. The treating physician describes the MRI from 11-19-2014 as "extensive multilevel degenerative changes of the lumbar spine, multilevel spinal canal and neural foraminal compromise. There were multiple disc bulges of 3-5 millimeter from L1 to S1. There was facet hypertrophy and canal stenosis throughout". Treatments to date include medication management, physical therapy, acupuncture, and trigger point injections. As of 7-10-2015, work status was described as "return to modified duty." The original utilization review (9-25-2015) had non-certified a request for lumbar epidural steroid injection at L4-L5 and L5-S1 under fluoroscopic guidance and intravenous sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Epidural Steroid Injection at the L4-L5 and L5-S1 under Fluoroscopic Guidance and Intravenous (IV) Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic); Pain (Chronic), Epidural steroid injections (ESIs).

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

Decision rationale: This claimant was injured in 2014. There was lumbar spondylosis with intermittent radicular symptoms, lumbar radiculopathy with multiple disc bulges, and myofasciitis. Overt disc herniation as a source of radiculopathy is not noted, only bulging. Further, electrodiagnostics were reportedly normal, with no radiculopathy. The MTUS recommends ESI 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 electrodiagnostics were normal, and imaging findings of corresponding disc herniation to objective physical exam dermatomal pathology is not noted. The request appears appropriately non-certified based on the above. Therefore, the requested treatment is not medically necessary.