

Case Number:	CM15-0207277		
Date Assigned:	10/26/2015	Date of Injury:	02/13/2013
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/21/2015

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: Emergency 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 47 year old male, who sustained an industrial-work injury on 2-13-13. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain and low back pain. Medical records dated (3-9-15 to 6-29-15) indicate that the injured worker complains of low back pain that radiates to the bilateral lower extremities (BLE) with numbness and tingling in the bilateral lower extremities (BLE) and feet. He also reports spasms occasionally in the low back. The pain is improved with medications but the injured reports in the medical records dated 6-29-15 that recently the pain has worsened. The medical records also indicate ongoing limitations with activities of daily living (ADL) due to pain. Per the treating physician report dated 6-29-15 the injured worker has not returned to work. The physical exam dated (3-9-15 to 6-29-15) reveals that there is mild swelling in the left foot and no allodynia noted in the bilateral lower extremities (BLE) and discoloration in the left lower extremity (LLE). There are no significant findings related to the lumbar spine. Treatment to date has included pain medication Percocet, Trazadone, Gabapentin, physical therapy lumbar spine at least 6 sessions, acupuncture 10 sessions, pain management, bilateral facet rhizotomy was beneficial and increased ability to function for about 18 months. The request for authorization date was 9-8-15 and requested service included Lumbar epidural injection, L5-S1, Qty 1. The original Utilization review dated 9-21-15 non-certified the request for Lumbar epidural injection, L5-S1, Qty 1 as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection, L5-S1, Qty 1: 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: The requested Lumbar epidural injection, L5-S1, Qty 1, is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are: "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has low back pain that radiates to the bilateral lower extremities (BLE) with numbness and tingling in the bilateral lower extremities (BLE) and feet. The treating physician has documented mild swelling in the left foot and no allodynia noted in the bilateral lower extremities (BLE) and discoloration in the left lower extremity (LLE). There are no significant findings related to the lumbar spine. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Lumbar epidural injection, L5-S1, Qty 1 is not medically necessary.