

Case Number:	CM15-0208674		
Date Assigned:	10/27/2015	Date of Injury:	10/17/2014
Decision Date:	12/08/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/23/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 21 year old female who reported an industrial injury on 10-17-2014. Her diagnoses, and or impressions, were noted to include: lumbar radiculitis; and lumbar degenerative disc disease. Magnetic imaging studies of the lumbar spine were done on 3-5-2015, noting degenerative disc disease with bulge and mild narrowing. Her treatments were noted to include: diagnostic x-rays and MRI of the low back; reported diagnostic procedures; physical therapy; TENS therapy; chiropractic manipulations; medication management; and rest from work. The progress notes of 9-16-2015 reported: dull, throbbing, achy pain throughout the lower back, left leg, and ankle, which radiated up to the mid-back, was rated 5 out of 10, and increased with activity; and that she was not working. The objective findings were noted to include: increased pain of the lumbar 5 spinous process; restricted lumbar extension with bilateral facet loading; decreased left foot dorsiflexion; no evidence of lumbar nerve root irritation; decreased deep tendon reflexes in the lower extremities; decreased sensation at the lumbosacral nerve root, left-side only; and low back pain associated with paresthesias. The physician's requests for treatment were noted to include left of midline, lumbar epidural steroid injection. The Request for Authorization, dated 9-16-2015, was noted for lumbar 4-5 epidural steroid injection, and anesthesia. The Utilization Review of 10-5-2015 non-certified the request for lumbar 4-5 epidural steroid injection, left of midline, with moderate anesthesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4/L5 left of midline with moderate anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

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

Decision rationale: Review indicates the patient continues to treat for chronic symptoms with request for lumbar epidural. Clinical exam showed normal lumbar flexion with restricted extension; diffuse decreased sensation at L4, L5, S1 and positive facet loading. MRI has evidence of disc bulge; however, without stenosis or neural foraminal narrowing. MTUS Chronic Pain Medical Treatment Guidelines recommend nerve root block as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any myotomal/ dermatomal neurological deficits or remarkable correlating diagnostics to support the nerve injections. There is no report of acute new injury, flare-up, or red-flag conditions to support for pain procedure. Criteria for the epidurals have not been met or established. Lumbar epidural injections may be an option for delaying surgical intervention; however, there is no surgery planned or identified pathological lesion noted. The Lumbar epidural steroid injection L4/L5 left of midline with moderate anesthesia is not medically necessary and appropriate.