

Case Number:	CM15-0022040		
Date Assigned:	02/11/2015	Date of Injury:	06/15/2010
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

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:

The injured worker is a 35-year-old male who reported an injury on 06/15/2010. The mechanism of injury was not specifically stated. The injured worker is currently diagnosed with low back pain, encounter for long term use of medication, lumbar degenerative disc disease, lumbar radiculopathy, status post lumbar laminectomy, knee pain, intervertebral disc protrusion and meniscal injury. On 01/09/2015, the injured worker presented for a pain management follow-up evaluation. The injured worker reported low back pain radiating into the bilateral lower extremities. The current medication regimen includes Lyrica 100 mg and Vicoprofen 7.5 mg. Previous conservative treatment includes physical therapy and chiropractic treatment. Upon examination, there was pain in the lumbar region with flexion, 15 degree extension, 60 degree anterior flexion, 15 degree left and right lateral flexion, positive straight leg raise bilaterally at 75 degrees, 4/5 motor weakness in the lower extremities, and decreased sensation to light touch and pinprick in the bilateral lower extremities. Recommendations at that time included a refill of the current medication regimen and a right lumbar epidural steroid at L4-5 and L5-S1. A Request for Authorization form was then submitted on 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injections L4-5, L5-S1 transforaminal: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: California MTUS Guidelines state epidural steroid injections are recommended as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, there was no documentation of a recent imaging study or electrodiagnostic report. Upon examination, there were objective findings for global motor weakness and decreased sensation in a nonspecific dermatomal distribution. Documentation of a recent attempt at conservative treatment to include active rehabilitation was not provided. Given the above, the request is not medically appropriate.