

Case Number:	CM15-0022180		
Date Assigned:	02/11/2015	Date of Injury:	07/07/1999
Decision Date:	03/25/2015	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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 70 year old male, who sustained an industrial injury on July 7, 1999. The mechanism of injury is unknown. The diagnoses have included lumbar degenerative disc disease, low back pain, bilateral lumbar radiculopathy, lumbar stenosis, depression and chronic pain syndrome. Treatment to date has included diagnostic studies, epidural injection, physical therapy and medication. The epidural injection provided approximately four months of greater than 50% relief of low back and extremity pain. His medication was noted to benefit him without side effects. Currently, the injured worker complains of low back and extremity pain. The low back pain was described as achy and radiates to the left groin, laterally down the legs and then in the inner lower legs. He reported his pain level as a 7-8 on a 1-10 pain scale without medication and as a 4-5 on the pain scale with medication. His pain is worse with sitting, standing, walking, bending and lifting. It is decreased with physical therapy, injections, medications and lying down. Physical examination revealed decreased range of motion in all fields of the lumbosacral spine. On January 20, 2015, Utilization Review non-certified one transforaminal epidural steroid injection at the left L1-L2 and bilateral L4-L5 under fluoroscopic guidance and conscious sedation, noting the CA MTUS and Official Disability Guidelines. On February 5, 2015, the injured worker submitted an application for Independent Medical Review for review of one transforaminal epidural steroid injection at the left L1-L2 and bilateral L4-L5 under fluoroscopic guidance and conscious sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) transforaminal epidural and steroid injection at the left L1-L2 and bilateral L4-L5 under fluoroscopic guidance and conscious sedation: Upheld

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

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

Decision rationale: The request is for a left L1-L2 and bilateral L4-L5 epidural steroid injections via the trasforaminal approach. MTUS guidelines note that there must be documentation clinically and on electrodiagnostic studies of radiculopathy at the spinal level for epidural steroid injections. The electrodiagnostic studies in this patient did not reveal radiculopathy at the left L1-L2 or on the right L4-L5. Thus, epidural steroid injections for the left L1-L2 and on the right L4-L5 do not meet MTUS guidelines and are not medically necessary.