

Case Number:	CM15-0022643		
Date Assigned:	02/12/2015	Date of Injury:	05/05/2001
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/06/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 73-year-old male who reported injury on 05/05/2001. The mechanism of injury was not provided. Prior surgical history included a left total knee replacement. Prior therapies included chiropractic care. There was a Request for Authorization submitted for review dated 01/13/2015. The documentation of 01/13/2015 revealed the injured worker had been recommended for conservative care. The injured worker's medications included carisoprodol, omeprazole, tramadol, and hydrocodone/acetaminophen as well as fluoxetine hydrochloride and zolpidem. The injured worker was noted to be a tobacco user. Physical examination revealed the straight leg raise was weakly positive on the left compared to the right. The deep tendon reflexes were diminished in the bilateral lower extremities. The injured worker was noted to have undergone an MRI on 07/23/2014. The MRI was noted to have demonstrated varying degrees of degenerative disc disease and narrowed L4-5 disc space showing anterolisthesis with unroofing of the disc and small posterior disc bulging encroaching on the adjacent anterior thecal sac moderate to advanced bilateral facet arthropathy greater to the right. It further showed the injured worker had ligamentum flavum thickening moderate to advanced central stenosis, mild broad based protrusion at L5-S1 effacing the anterior thecal sac. The diagnoses included lumbar facet arthropathy, lumbar spondylosis without myelopathy and lumbar degenerative disc disease. The treatment plan included a bilateral L4, L5 transforaminal epidural steroid injection to help with discogenic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4, L5 Epidural Steroid Injections: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there are documented findings of radiculopathy upon physical examination that are corroborated by diagnostic studies and when there is a failure of conservative care including NSAIDS, muscle relaxants, physical medicine and exercise. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination and MRI. However, there was a lack of documentation of a failure of conservative care including NSAIDS, muscle relaxants, exercises and physical methods. Given the above, the request for bilateral L4, L5 epidural steroid injections is not medically necessary.