

Case Number:	CM15-0023473		
Date Assigned:	02/13/2015	Date of Injury:	02/11/2007
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/09/2015

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 59-year-old male who reported an injury on 02/11/2007 due to an unspecified mechanism of injury. On 01/12/2015, he presented for a follow-up evaluation with complaints of pain and discomfort in his lower back. He also reported left knee pain and a significant amount of pain and stiffness in the lumbar spine and lower extremity. A physical examination showed pain and tenderness with palpation of the paraspinal muscles bilaterally, 1+ on the right and 2+ on the left, as well as 1+ at the midline. There was decreased range of motion with flexion being 15 degrees, extension 5, bilateral bending 10, and bilateral rotation 30 with 1 to 2+ pain in all planes. He had decreased muscle strength in the lower extremities, left greater than right, and decreased sensation to light touch in the lower lumbar spine. Unspecified diagnostic studies performed on an unspecified date reportedly showed disc bulges with neural foraminal narrowing at the L4-5 level, a defect in the lamina at the L5-S1 level without any evidence of canal stenosis or neural foraminal narrowing, and a L3-4 disc bulge causing no significant narrowing or stenosis. He was diagnosed with lumbar radiculopathy secondary to failed back surgery syndrome, failed back surgery syndrome, status post lumbar discectomy, lumbar spine sprain and strain syndrome, depression and anxiety, deferred, and insomnia, deferred. The treatment plan was for an epidural steroid injection at the L4-5 and L5-S1 on the left. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L4-5, L5-S1 (left): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS Guidelines indicate that epidural steroid injections are recommended for those with evidence of radiculopathy on clinical examination that is confirmed with imaging studies and/or electrodiagnostic testing, and only after the failure of recommended conservative treatment. There should also be evidence that the injection is to be performed under fluoroscopic guidance. The documentation provided does show that the injured worker has decreased sensation and muscle strength. However, no official imaging studies or electrodiagnostic studies were provided for review to validate that his symptoms have been corroborated and found to be radiculopathy. Also, there is a lack of documentation showing that he has tried and failed all recommended conservative care and the request does not state that the injection would be performed using fluoroscopic guidance. Therefore, the request is not supported. As such, the request is not medically necessary.