

Case Number:	CM15-0025031		
Date Assigned:	02/17/2015	Date of Injury:	12/30/2008
Decision Date:	03/31/2015	UR Denial Date:	02/02/2015
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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 49 year old male, who sustained an industrial injury on December 30, 2008. The diagnoses have included cervical disc injury with facet arthralgia, left labral tear, right de Quervain's syndrome, right lateral epicondylitis, right extensor carpi ulnaris tendinosis and lumbar disc injury with facet arthralgia causing sciatica into right more than left lower extremity. Treatment to date has included medial branch block on January 9, 2015 with good effects, chiropractic sessions, and physical therapy. Currently, the injured worker complains of neck and low back pain. In a progress note dated January 20, 2015, the treating provider reports slight bilateral C7-T1 more than C6-C7 tenderness with range of motion, the lumbar spine moderate pain is noted over the right more than left L5-S1 more than L4-5 levels. On January 26, 2015 Utilization Review non-certified a lumbar epidural steroid injection right L5-S1, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI right L5-S1: 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 injection Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injection

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lumbar epidural steroid injection right L5- S1 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are numerators in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses are cervical disc injury with facet arthralgia; left labral tear; right DeQuervain's syndrome; right lateral epicondylitis; right extensor carpi ulnaris tendinosis; and lumbar disc injury with facet browser causing sciatica into the right more than left lower extremity. Subjectively, the injured worker has pain that radiates down the right lower extremity. Objectively, there is no neurologic deficit with no objective findings of radiculopathy. MRI lumbar spine from October 7, 2011 show suspected bilateral pars defect at L5 without significant enterolisthesis or evidence of posterior element stress reaction. There is mild bilateral runnable encroachment at this level. There is mild to moderate bilateral foraminal narrowing at L4- L5 with mild effacement of the thecal sac. There is mild bilateral foraminal narrowing and effacement of the thecal sac L2 - L3. The guideline criteria state radiculopathy must be documented by physical examination. There is no objective evidence on physical examination of radiculopathy. Consequently, absent clinical documentation supporting the objective presence of radiculopathy on physical examination, lumbar epidural steroid injection right L5 - S1 is not medically necessary.