

Case Number:	CM15-0027654		
Date Assigned:	02/20/2015	Date of Injury:	10/10/2001
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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

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 53 year old male, who sustained an industrial injury on October 10, 2001. The diagnoses have included lumbar radiculopathy, degeneration of lumbar intervertebral disc, postlaminectomy syndrome of lumbar region, lumbar disc displacement, sacroiliitis, and abdominal hernia. Treatment to date has included ice/heat, lumbar epidural steroid injections (ESI), and medications. Currently, the injured worker complains of lower back pain, radiating into the right buttock, posterior thigh, lateral calf, and lateral foot, with numbness, weakness, and paresthesia noted. The Secondary Treating Physician's report dated December 30, 2014, noted L3-L5 positive paraspinal tenderness, positive bilateral facet tenderness, and severe tenderness over the bilateral SI joints consistent with sacroiliitis. On January 27, 2015, Utilization Review non-certified one L4-L5 lumbar steroid injection, one epidurography, and one monitored anesthesia care, noting that given the lack of MRI and/or electrodiagnostic studies corroborating an absolute diagnosis of radiculopathy, lack of evidence of recent trials of conservative care, lack of documented objective evidence of sustained relief with past epidural injections, and based on the evidence based guidelines the epidural steroid injection (ESI) was not indicated. Given that the L4-L5 lumbar steroid injection was non-certified, the one epidurography and one monitored anesthesia care were also non-certified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of one L4-L5 lumbar steroid injection, one epidurography, and one monitored anesthesia care.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-L5 Lumbar Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs), page 46.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not provided here. Submitted reports have not demonstrated any correlating neurological deficits or remarkable diagnostics to support repeating the epidural injections. Although the provider reported 50% improvement post previous injections, the patient continues with unchanged symptom severity, unchanged clinical findings without decreased in medication profile, treatment utilization or functional improvement described in terms of increased rehabilitation status or activities of daily living for this chronic injury without evidence of functional improvement from previous LESI. Criteria for repeating the epidurals have not been met or established. The 1 L4-L5 Lumbar Steroid Injection is not medically necessary and appropriate.

1 Epidurography: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Monitored Anesthesia Care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.