

Case Number:	CM15-0214906		
Date Assigned:	11/04/2015	Date of Injury:	06/12/2014
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 06-12-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure and a low back injury. Medical records (05-18-2015 to 09-25-2015) indicate ongoing intermittent lumbar aching with radiating pain into the lower extremities with some numbness and tingling. Pain levels were rated 6-9 out of 10 in severity on a visual analog scale (VAS). Records also indicate improved activity levels and level of functioning as the IW was previously temporarily disabled. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-25-2015, revealed a normal gait, able to heel-toe walk bilaterally, slight tenderness to palpation over the spinous process at L3-S1, slight tenderness and spasms over the lumbar paravertebral and piriformis muscles on the right, slight tenderness and spasms to palpation over the sacroiliac joint, restricted range of motion in the lumbar spine, and positive straight leg raises. Relevant treatments have included: physical therapy (PT), chiropractic treatments, acupuncture, work restrictions, and pain medications. The treating physician indicates that MRI of the lumbar spine (05-2015) showed mild spondylosis and small central disc protrusion without significant stenosis at L4-5, and minimal spondylosis and tiny annular tears at L5-S1 and L3-4 with no significant stenosis. The PR and request for authorization (09-25-2015) shows that the following procedure was requested: right interlaminar lumbar epidural steroid injection L4-L5. The original utilization review (10-02-2015) non-certified the request for right interlaminar lumbar epidural steroid injection L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right interlaminar lumbar epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the guidelines, ESIs are indicated for those with radiculopathy on exam and imaging or neurodiagnostics. In this case, the prior MRI does not indicate nerve root impingement. In addition, there are mixed diagnoses in the past several months between lumbar sprain and radiculopathy. The ACEOM guidelines do not recommend ESI due to their short-term benefit. There was no mention of fluoroscopy. The ESI of the lumbar spine is not medically necessary.