

Case Number:	CM15-0215414		
Date Assigned:	11/05/2015	Date of Injury:	08/15/2010
Decision Date:	12/24/2015	UR Denial Date:	10/22/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57 year old male who sustained an industrial injury on 08-15-2010. Medical records indicated the worker was treated for status post C3-4 laminoplasty, C3-4 spondylosis and stenosis, right L4-L5 disc protrusion. A lumbar MRI (10-08-2012) showed a mild compression fracture of the body of T12, a moderate degree of stenosis at L3-4, central stenosis at L4-5 and central stenosis at L5-S1. In the provider notes of 10-07-2015, the injured worker is seen for complaint of neck and bilateral upper extremity pain with lower back and right sciatic leg pain. On exam, his cervical spine range of motion is flexion and extension of 30 degrees each, and rotation of 45 degrees to both sides. Strength, sensation and deep tendon reflexes are reported as normal. The lumbar spine has range of motion of 70 degrees flexion at the hip with forward reach to mid-shin, extension of 20 degrees, and lateral bending of 30 degrees bilaterally. Straight leg raising is negative and neurologic examination of the lower extremities is reported as normal. The worker is awaiting authorization for a C3-C5 anterior cervical fusion. Current medications A request for authorization dated 10-14-2015 was submitted for a lumbar epidural steroid injection and a lumbar MRI was ordered to evaluate the lower back. Past LESI was done 03-18-2015. In provider notes of 05-01-2015, the worker notes that he got about 30% improvement in his pain for a few days with the LESI. A request for authorization was submitted for Lumbar epidural steroid injection L5-S1. A utilization review decision 10-22-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L5-S1: 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): Special Studies.

Decision rationale: Guidelines recommend epidural injections as an option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The decision to perform repeat epidural steroid injections is based on objective pain and functional improvement, including at least 50% pain relief with reduction in pain medications for 6-8 weeks. In this case, there is no documentation of objective radiculopathy and no evidence of failure of recent conservative care other than medications. The request for L5-S1 lumbar epidural steroid injection is not medically appropriate and necessary.